

Nation's Capital Swim Club: <u>APPLICATION for Financial Aide</u>

2023-2024

Section 1 Applicant's Personal Information

Name:					_		
Of responsible party:	Last	First	Mi	ddle	_		
Home Phone Numb	oer:		Date Subn	nitted:	_		
Home Address:							
	Number and Street		City	Zip Code	_		
My signature below certifies that all information I supply on this application is true and correct to the best of my knowledge. I understand that information I provide will be verified. I also understand that knowingly giving false information on this application will result in its immediate dismissal from consideration by the Selection Committee. If false information is discovered after approval has been granted, I understand that the agreement may be terminated, and I will forfeit all provisions. I also understand that I may have to make restitution of any funds received. I understand that I must complete the volunteer hours required by the NCAP contract and that I should make an effort to increase my volunteer efforts for NCAP activities. Such activities may include volunteering for fund raising, grounds and maintenance, or other committees or activities that NCAP currently resources primarily through volunteer work.							
Applicant Signature			Γ	Date For Office Use:			
Please do not write below th	nis line.						
Selection Committe Selection Committe Reviewed by the Bo Notified Applicant:	ee Met:	յ Date Schedւ	ıled: 	Date:			

Section 2A Parent #1 / Guardian Personal Information

Father or Guardian (circle one)							
Name:							
Name:Last First Middle							
Home Address:							
Number and Street City Zip Code							
Occupation / Employer:							
Employer Address:							
Employer Telephone Number:							
Total Annual Income: \$							
Section 2B Parent #2 / Guardian Personal Information							
Mother or Guardian (circle one)							
Name:							
Last First Middle							
Home Address:							
Number and Street City Zip Code							
Occupation / Employer:							
Employer Address:							
Employer Telephone Number:							
Total Annual Income (All Sources): \$							
Number of Dependents:,,,,,							
Number of Dependents Residing in Your Home:							
Number of Dependents Participating in a NCAP Swim Program:							
1) Swimmer's Name Group Name							
2)Swimmer's Name Group Name							

Num	ber of	Dependents Participating in	a NCAP Swim Prog	ram (continued):		
	3)	Swimmer's Name	Group Name			
	4)		·			
		Swimmer's Name	Group Name			
<u>Secti</u>	on 3	Financial Information				
 Please attach the following documents to this application: Most recent 2 pay stub(s) Prior year's tax return Current mortgage or rent payment information Current car payment information 						
 Evidence of other financial obligations, as appropriate 						
Please attach any additional documentation of major monthly expenses that you would like the Selection Committee to consider with your request for assistance. All information forwarded to the Selection Committee will be held as confidential and will not be available to parties outside of the members of the Selection Committee and the Board, as necessary.						
A. Please describe your request for assistance below:						
B. Use the space below to describe your situation and provide any information that will assist the Selection Committee in rendering a recommendation.						
Selec	ction C	ommittee Recommendatio	n : Approved /	Not Approved		
Amo	unt: \$		Signature	Date		
Applicant will be responsible for the following provisions:						

Head Coach's Approval:

Team Officer/Head Coach

Date

I understand and agree to abide by the provisions set forth above. I understand that these provisions are for the current year only and if my situation persists, I must reapply next year.

Applicant's Agreement:

Signature

Date