



## Tracy Triton Swim Club Financial Aid Application

The Tracy Triton Swim Club offers a limited amount of Financial Aid for Youth Sports programs based on demonstrated need. The Tracy Triton Swim Club (TTSC) Financial Aid Committee reviews and approves all applications forwarded to the TTSC Officers. All application information is kept 100% confidential.

We encourage applicants to make a copy of your completed applications and supporting documentation for your records and to assist you in submitting future applications.

If your application is not approved, please consider the Installment Payment Plan which is offered by the TTSC. A registration and Installment Payment Plan are available at the TTSC's website.

Those selected by the TTSC shall be eligible for a reduced rate of \$175.00 for registration per child. The TTSC does have a predetermined Financial Aid amount budgeted, however, the TTSC is not required to provide financial aid. The TTSC shall have sole discretion on the awarding of Financial Aid.

Completed application must be received no later than March 15. You will be notified by the TTSC prior to the start of the season if your application has been approved.

### REQUIREMENT CHECKLIST FOR ELIGIBILITY

- Commitment to attend a minimum of 80% of scheduled practices and meets.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
- Volunteer at all required meets (Financial Aid Families are not able to opt-out of volunteering)
- A statement 500-1000 words outlining the need for the financial aid.
- All applications are due by March 15. Incomplete or late applications will not be considered.

### FINANCIAL AID PRIORITY WILL BE GIVEN TO ELIGIBLE FAMILIES MEETING ONE OF MORE OF THE CRITERIA BELOW:

- Member of a multi-child family and/or living in a single parent home.
- Receiving assistance from programs such as: Free or Reduced Lunch Program, Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. *(Must Provide written documentation of participation in these programs to receive priority status)*
- Written recommendations by school representatives, social workers, youth community center workers, or another social services representative. *(Must provide to receive priority status)*



## Tracy Triton Swim Club Financial Aid Application

Please complete the following information, one application per family:

Number of Swimmers: \_\_\_\_\_

### **Athlete 1**

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Swimmer Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Athlete lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

### **Athlete 2**

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Swimmer Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Athlete lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

### **Athlete 3**

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Swimmer Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Athlete lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

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**Parent/Guardian Information**

Total Household Annual Income: \$ \_\_\_\_\_ Own Home: ☐ Rent ☐ Own

Father/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Has the family ever received Financial Aid in previous seasons? ☐ Yes ☐ No

If yes, in what year(s): \_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

I understand that my signature authorizes the Tracy Triton Swim Club to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all the information on this form is true and correct and that **I will comply with each of the “Requirements Checklist of Eligibility” items listed on the Application Instructions.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OFFICE/COMMITTEE USE ONLY**

Application Received by TTSC: \_\_\_\_\_ Registration End Date: \_\_\_\_\_

TTSC Financial Committee Decision: ( ) Approve ( ) Deny

Amount Awarded: \$ \_\_\_\_\_ Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_