

Financial Aid Form

Swimmer's Last Name: _____

Swimmer's First Name: _____

Parent/Guardian's Full Name: _____

Address: _____

Email address: _____

Primary Phone Number: _____

How many years has your swimmer participated on Trails Swim Team? _____

Check all that apply (all must be checked to qualify for financial aid):

- Swimmer will attend at least 70% of all practices.
- Swimmer and family will fulfill volunteer & fund-raising requirements.
- Swimmer will demonstrate integrity to their own development as a swimmer as well as to the team.

How many siblings in swimmer's family? _____

Job title for both swimmer's parents: _____

If a parent is unemployed: what is the reason for unemployment? _____

Sports, activities, and clubs swimmer participates in addition to Trails: _____

What is causing the financial hardship? _____

I certify that all the above information is true and correct. I understand that falsified information shall result in denial of requests.

Signature of Parent

Date