

Application for Individual Financial Assistance

Sponsored by: KYLSC Athlete Representatives - Athlete Assistance Program



Kentucky Swimming is dedicated in providing all eligible athletes the opportunity to compete in the state championship and higher-level meets regardless of ability to pay. Kentucky Swimming Athlete Assistance Fund offers financial assistance to Kentucky Swimming Outreach athlete members. We invite you to fill out the application below to be considered for financial assistance.

Outreach members residing in a county where free lunches and free lunch programs are district wide must submit documentation of financial need other than those programs.

To process an application, Kentucky Swimming requires that each applicant submit the following items:

- Completed Confidential Application for Financial Assistance
- Letter of recommendation from coach or club board member

A decision cannot be made without all required information, so incomplete applications will not be processed.

Kentucky Swimming will aid in the following areas:

One request per swimmer per calendar year.

1. Assist with a championship level and higher qualifying meet:
Travel and lodging up to \$300
2. Assist with championship level or higher qualifying meet:
Entry fees \$100
3. Assist in purchasing swim gear up to \$100
4. Assist in one outside the LSC sanctioned meet up to \$200

You can return the completed application in the following ways

- Email to kyswim@kylsc.org
- Mail to Kentucky Swimming
PO Box 630
Versailles, KY 40383

If you have any questions or concerns throughout the process, please contact the Kentucky Swimming office at 859 539-9091 or at the email listed above. We look forward to assisting you.

Guardian Name _____

Address _____
City State Zip

Email _____ Phone _____

Household Size # of Adults _____ # of Children _____

Swim Club _____

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Parent/Guardian Information

Participant Information

Participant # 1 _____

Date of Birth _____ Meet Name _____

Type of Need _____

Participant # 2 _____

Date of Birth _____ Meet Name _____

Type of Need _____

Participant # 3 _____

Date of Birth _____ Meet Name _____

Type of Need _____

Ethnicity (optional – for survey purposes only):

Caucasian Black Latino Asian Native American P.I. Other _____

Please explain why you would like to be considered for financial assistance:

I certify that the above information is true and complete to the best of my knowledge

Signed _____ **Date:** _____

Received By _____ Date: _____
Comments