

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, higher-level meets and special events regardless of ability to pay. Kentucky Swimming Athlete Assistance Fund offers financial assistance to Kentucky Swimming Outreach athlete members and other members in need. We invite you to fill out the application below to be considered for financial assistance.

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 season (short course and long course).

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 other special events as needed

Return the completed application to: kyswim@kylsc.org

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.

Parent/Guardian Information

Guardian Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Household Size # of Adults _____ # of Children _____

Swim Club _____

Participant Information

Participant # 1 _____

Date of Birth _____ Meet or Event Name _____

Type of Need _____

Participant # 2 _____

Date of Birth _____ Meet or Event Name _____

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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 _____