



Durango Swim Club Scholarship Program and USA Swimming Outreach Program

Each interested applicant is asked to complete this financial aid form. We encourage parents and guardians to cover as much of the cost as possible; however it is our policy that no child is denied the opportunity to swim whether or not their parents can pay.

Also, USA Swimming has an Outreach Program that offers qualified athletes the opportunity to become a USA Swimming member for the national fee of \$5.00 per year.

Requirements:

Athletes must participate in a qualified assistance program and provide proof with this application.

Sponsored by:

Durango Swim Club Outreach Program and Scholarship

**This program will be discontinued at anytime. Assistance will be provided on a first-come, first-serve basis and will end when the funds are exhausted. We do not guarantee that funds will be available when you apply and we do not discriminate based on gender, religious beliefs, disability, or race.

Durango Swim Club Scholarship Program and USA Swimming Outreach Program

Name _____

Address _____

Zip _____

Phone# _____

Name of children and ages

_____ age

_____ age

Attach a photocopy of an approved application for one of the following assistance programs:

<input type="checkbox"/> Aid to Families with Dependent Children	<input type="checkbox"/> Social Security Disability Insurance	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Temporary Assistance to Needy Families
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Women, Infant and Children's Program	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Children's Health Insurance Plan
<input type="checkbox"/> Section 8 Public Housing	<input type="checkbox"/> Home Energy Assistance Program	<input type="checkbox"/> Other	<input type="checkbox"/> Free/Reduced School Lunch

How much financial aid are you requesting?

\$ _____

I understand that this program can be discontinued at anytime due to exhausted funds. I acknowledge that I may be responsible for other fees that are not covered by this scholarship program.

Signature _____ Date _____

Approval _____ Date _____

DSC Board of Directors Member

OFFICE USE ONLY

Amount Requested _____

Amount available _____

Total Due _____

Detailed program: _____