

# COUNCILMAN SWIMMING GRANT

Doc and Marge have given of themselves over the past 35 years to the sport of swimming. Doc retired in 1990 after an unprecedented 33 years as head men's swimming coach for Indiana University. He guided his teams to 23 Big Ten titles and six straight NCAA titles, in addition to coaching the 1964 and 1976 Men's Olympic Swimming Teams. Doc is considered a pioneer in swimming disciplines ranging from exercise physiology to pool design. Through his revolutionary study of biomechanics, he changed how swimming movements are taught.

The Pathfinder Award, presented by Youthlinks Indiana, honors outstanding individuals on the national and state level for their extraordinary contributions to America's youth. The 1994 Indiana Recipients, Marge and Doc Councilman, have graciously donated their "Pathfinders Award" of \$25,000 to Indiana Swimming. We are pleased to offer grants from the award to Indiana swimmers.

The award has been established to help defray the cost of training, equipment and travel expenses related to competitions to any swimmer, **thirteen years of age or older**, who has achieved National AAA Motivational Time Standards, or better, and who qualifies on the basis of the following criteria:

1. The applicant must be a legal resident of Indiana and a member of Indiana Swimming for at least 2 years.
2. Must demonstrate Initiative, Commitment, and Potential within the AAA time standard
3. Must demonstrate financial need

Applicants must be nominated for funding by a person who is affiliated with an Indiana Swimming club. A nominator's signature is required to process the application. In order to avoid any conflict of interest, members of the Councilman Grant Committee cannot participate in the evaluation of an athlete they have personally nominated for funding.

We will issue up to 3 grants per season and more as the Councilman Grant Committee deems reasonable. Each Grant may be as much as, but no more than, \$500 per season. Applicants should be aware that grant support is taxable income.

In accordance with IHSAA Rules, Grant awards will be made semi-annually to the applicant's club and may only be used to reimburse for documented, actual, out-of-pocket expenses for the nominee. Councilman Grants are not intended as the sole source of income for the awardee. PLEASE NOTE: Because of NCAA regulations, athletes currently competing in NCAA events are not eligible to receive Councilman Grants. If there are any questions concerning the IHSAA or NCAA eligibility implications of receiving a Councilman Grant, applicants are responsible for contacting Indiana Swimming, Inc. (317-237-5780) in order to determine whether receiving a Councilman Grant will affect their eligibility for competition.

Grants are awarded one season at a time. Therefore, re-application must be made each season. Previous funding neither increases nor decreases an applicant's chances of funding the following season. Please submit the application by October 31st for the Winter Season and May 31st for the Summer Season.

# COUNCILMAN SWIMMING GRANT APPLICATION

Print or type all information. Feel free to use additional paper for responses if needed.

Duplicates of the application will be accepted.

## APPLICANT DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Age (must be at least 13 years old to be considered): \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Indiana resident for \_\_\_\_\_ years. Club Member of: \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

## SCHOOL INFORMATION

School Name \_\_\_\_\_ Current Grade of Athlete \_\_\_\_\_

Coach \_\_\_\_\_

## SWIMMING EXPERIENCE

Please describe your swimming experience, including any awards received:

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As per the criteria listed on cover page, please list the events in which you have AAA cuts:

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Have you competed in the Central Zone Championships? \_\_\_\_\_

Location(s) \_\_\_\_\_ Date(s) \_\_\_\_\_ Place(s) Finished \_\_\_\_\_

_____	_____	_____
_____	_____	_____

Have you made the Zone cuts (AAA) and could not attend for financial reasons? \_\_\_\_\_

Have you competed in one of the Indiana State Meets? \_\_\_\_\_

Location(s) \_\_\_\_\_ Date(s) \_\_\_\_\_ Place(s) Finished \_\_\_\_\_

_____	_____	_____
_____	_____	_____

Have you made the state cuts and could not attend for financial reasons? \_\_\_\_\_

Have you ever qualified for a National Level Meet? \_\_\_\_\_ If yes, what meet? \_\_\_\_\_

Did you attend this meet? \_\_\_\_\_ If not, why? \_\_\_\_\_

Have you made the National cuts and could not attend for financial reasons? \_\_\_\_\_

Have you attended a training camp administered by Indiana Swimming? \_\_\_\_\_

Location(s) \_\_\_\_\_ Date(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not, was it because of the cost? \_\_\_\_\_

**FINANCIAL INFORMATION** (All information will be kept STRICTLY CONFIDENTIAL)

Yearly Household Salary \$ \_\_\_\_\_ TOTAL AMOUNT REQUESTED: \$ 500.00

Yearly Child-Support Received \$ \_\_\_\_\_

How will the \$500 grant be allocated to the following areas:

Training fees \$ \_\_\_\_\_ Travel Expenses \$ \_\_\_\_\_  
Equipment/Suits \$ \_\_\_\_\_

Describe, in detail, how the funds will be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report any personal, family or financial circumstances which may warrant consideration for an award. Include such circumstances as disabilities, family separation, financial hardship, loss of employment or unusual personal and family responsibilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Club Affiliate \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Club Affiliate \_\_\_\_\_

Email of Club Affiliate \_\_\_\_\_

\_\_\_\_\_ **ENCLOSED IS A COPY OF MY FAMILY'S LATEST COMPLETE TAX RETURN (include any schedules if referenced as income on page 1 of 1040).**  
*This must be submitted for consideration of a grant*

\_\_\_\_\_ **ENCLOSED IS A PROJECTED EXPENSE STATEMENT FOR THE SEASON COMPLETED AND SIGNED BY MY CLUB TREASURER**  
*This must be submitted for consideration of a grant*

\_\_\_\_\_ **Please have your coach submit a Letter or Recommendation separate from this application to IN Swimming directly.**

- APPLICATIONS MUST BE RECEIVED BY:**
- **OCTOBER 31: FOR WINTER GRANTS**
  - **MAY 31: FOR SUMMER GRANTS**

**Send Application to:** Indiana Swimming  
11550 N. Meridian St  
Suite 260  
Carmel, IN 46032  
Attn: Tony Young  
[tony@inswimming.org](mailto:tony@inswimming.org)  
317-237-5783 fax