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 Counsilman, 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 Counsilman 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 Counsilman 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. Counsilman 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 Counsilman Grants. If there are any questions concerning the IHSAA or NCAA eligibility implications of receiving a Counsilman Grant, applicants are responsible for contacting Indiana Swimming, Inc. (317-237-5780) in order to determine whether receiving a Counsilman 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:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
As per the criteria listed on cover page, please list the events in which you have AAA cuts:
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________ Date ________________
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
201 S. Capitol, Suite 410
Indianapolis, IN 46225
Attn: Tony Young
tony@inswimming.org
317-237-5783 fax