

CAST Financial Assistance Application

Please be aware that all information provided will be held in the strictest confidence. The information you choose to provide will be used exclusively to determine eligibility and ranking for financial assistance funds. Please remember funds are limited.

Swimmer Information

Last Name _____ First Name _____

Squad Level: _____

Parent or Guardian Information

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Email _____

Do you participate in any of CAST's fundraising opportunities?

Do you fulfil your service hour requirements as a member of CAST?

Why do you feel that you are eligible for financial aid?

Information & Rules

1. Families are eligible to apply for financial aid after they have been on the team for six months.
2. Financial aid is good for one half of the monthly dues for a period of three months, with the possibility of more funds available at the discretion of the CAST Board of Directors.
3. Financial aid is awarded as a portion of your monthly dues with the total award not to exceed one half the monthly dues for a total of three months, in most cases. The possibility of aid for a larger amount or longer period of time is under the discretion of the CAST Board of Directors. This determined by a number of factors, including but not limited to: need, number of families applying, and amount of financial aid dollars available.
4. Financial aid does not cover meet fees, travel expenses or gear expenses.
5. Families awarded financial aid will be expected to fulfil their service hour requirements.
6. Monthly dues are always paid in advance. The financial aid dollars that are awarded will be applied to your account after you pay your half of the dues. If you fail to pay your portion of the fees by the 5th of each month, you will lose your financial aid.
7. If you have any questions or concerns, please notify the CAST treasurer immediately.
8. Swimmers are encouraged to seek outside sponsors to assist with dues and associated costs.

Remember this financial aid program was created to assist families in need. We hope to be able to assist any swimmer if they have the desire to swim with CAST.

Parent/Guardian Printed Name _____ Date _____

Signature _____

Swimmer Name (s) _____

FOR BOARD USE:

Reviewed: _____

Approved/Denied: _____

Follow up scheduled (Date): _____