



Scholarships are available to individuals and families who are not able to pay full membership fees. An application must be submitted for each season a scholarship is needed. To apply complete the application and submit the required information to our Treasurer. Contact information can be found on our website, www.IndianaSwimClub.com.

Required Information:

1. A copy of your most recent federal income tax return. If you do not file federal income taxes, please provide a verification of non-filing, which can be obtained by calling 1-800-TAX-FORM (1-800-829-1040).
2. Two most recent paycheck stubs for all members of your household. If you are unemployed, self-employed, retired, draw social security or a full-time student, please provide a summary of your income (unemployment benefits, YTD Financial Statements (P&L & Balance Sheet), SSI paperwork, or financial aid benefits and student schedule).

Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork. Applications must be submitted with all required documentation. Incomplete applications will not be processed. Scholarships are awarded based on need and funds available. The information requested is for the sole purpose of helping the Board of Directors in their decision. These requests are confidential and will not be seen by anyone other than the Board of Directors and Head Coach. The maximum scholarship amount awarded is 75% of the membership fees, however all out-of-pocket costs may be earned back through our fundraising program.

Typically, your income must fall below 135% of the federal poverty guidelines, however extenuating or unusual circumstances can be considered. If your income is higher than the federal poverty guidelines please include additional information related to your need for the scholarship.

Persons in Household	Income Guideline
1	\$17,460
2	\$23,628
3	\$29,808
4	\$35,964
5	\$42,144
6	\$48,312
7	\$54,492
8	\$60,660



SWIM CLUB

SCHOLARSHIP APPLICATION

Year: _____ Long Course Short Course  Check One: New Family Returning Family

Primary Adult Name: _____ Secondary Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____ Alt. Email: _____



Swimmer: _____ Group: _____

Swimmer: _____ Group: _____

Swimmer: _____ Group: _____

Swimmer: _____ Group: _____

List all other member(s) of your household, do not include swimmers or adults listed above:

Name	Employer / School	Birth Date	Relationship to Primary Adult

Please share why you are applying for scholarship assistance: _____

Please itemize your gross annual income for all members of your household.

	Your Income	Spouse's Income	Other's Income
Salary, wages & tips:	_____	_____	_____
Business / Self-Employment:	_____	_____	_____
Unemployment:	_____	_____	_____
Social Security:	_____	_____	_____
Disability (SSI / Veterans):	_____	_____	_____
Retirement/Pension:	_____	_____	_____
Alimony:	_____	_____	_____
Housing Allowance:	_____	_____	_____
Child Support:	_____	_____	_____
Other Aid for Children:	_____	_____	_____
Food Stamps:	_____	_____	_____
Other:	_____	_____	_____
Other:	_____	_____	_____
TOTAL ANNUAL INCOME:	_____	_____	_____

Submit your completed Scholarship Application with the following:

1. Most recent Federal Tax Return, all forms and schedules
 2. Copies of your last two paycheck stubs **OR** other documentation
- * I do not file Federal Income Taxes based on government income guidelines. (include verification of non-filing)

Applications received without the above documentation attached will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I grant permission for Indiana Swim Club to verify this information. I agree to notify Indiana Swim Club's Board of Directors if my financial status or household size should change.

Signature: _____ Date: _____

Signature: _____ Date: _____

For the Executive Board Only:			
Scholarship (circle one):	Awarded	Denied	Scholarship Amount Awarded: _____
Total Membership Fee(s):	_____	Family Responsibility:	_____