

NEW TRIER AQUATICS

***INSTRUCTIONS FOR APPLICATION FOR FINANCIAL ASSISTANCE***   
***UPDATED FEBRUARY, 2018***

1. Please ensure you meet the criteria for Financial Assistance as outlined in the Club Policy. Then complete the Application for Financial Assistance (page 2 of this document) and send it with the financial information requested to:

Ms. Colleen Schoppman   
992 1/2 Green Bay Rd   
Winnetka, IL 60093   
Phone 847.446.8060 Fax 847.446.9768   
colleen@ccns.org

2. The contents of your application and attachments will be reviewed by Counseling Center of the North Shore on a confidential basis, and will not be disclosed to the New Trier Aquatics. The fact that a family is receiving financial assistance will only be known by the CEO, President, Treasurer, and President-Elect of New Trier Aquatics.

3. Applications for seasonal fees financial assistance are accepted at two points in the calendar year. The deadlines for applications are September 1 and March 1 for existing members and October 1 and May 1 for new members. Financial assistance will be granted for one calendar year from the date of application. All application fees will be accessed to New Trier Aquatics.

4. Financial assistance is provided in the form of a fee waiver. Member families whose income exceeds $60,000 per year are ineligible. The athlete’s seasonal registration fee is the only fee that is eligible for financial assistance. USA swimming membership fees, meet fees, swim clinics, swim gear, social events or any other charges by the Club are not included. The maximum registration fee waiver is 50%. The amount of assistance and the number of athletes being provided assistance is dependent on the financial status of the Club. Members who remain in good standing may reapply annually but there is no guarantee that financial assistance will continue to be provided.

5. Counseling Center of the North Shore may or may not recommend financial assistance. The decision of Counseling Center of the North Shore will be final.

6. Once Counseling Center of the North Shore provides its decision payment of the portion of fees for which you are not given financial assistance must be received within 14 days per the NTA financial policy. If you have any questions, please contact the Treasurer, New Trier Aquatics. nta-treasurer@swimntsc.org.

7. Families who have been approved for financial assistance for season fees are also eligible for Angel Fund assistance for incidental expenses required as part of program membership. These expenses can be (but are not limited to) training equipment, meet fees, travel expenses and apparel but are subject to approval and have a separate application procedure.

NEW TRIER AQUATICS   
APPLICATION FOR FINANCIAL ASSISTANCE

Counseling Center of the North Shore

992 1/2 Green Bay Rd

Winnetka, IL 60093 (847) 835‐5111

**PLEASE READ AND SIGN THE AGREEMENT. Completed agreements should be forwarded to Colleen Schoppman at the above address.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME (Head of Household):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAMES AND AGES OF SWIMMERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please briefly describe the reasons for application for financial assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please submit ***one or more*** of the following pieces of documentation:   
1. Most recent Federal 1040 forms from all working parents or guardians living in your household.   
2. Most recent check stubs from all working parents or guardians living in your household.   
3. Describe and/or provide proof (bills, etc.) of unusual family expenses this year. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY   
Recommended percentage fee reduction for this family is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%.   
NAME (Head of Household) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant notified of status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative of Counseling Center of the North Shore: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_