



King Aquatic Club Booster Association
 P.O. Box 25459
 Federal Way, WA 98093-2459

Request for Financial Assistance

Confidential Request between Applicant and King Booster Executive Board Members	
Family Name:	
Address	
Phone:	Email:

Swimmer #1 Name:				
Pool:	KCAC	COVINGTON	AAA	OTHER(specify):
Swim Group:				
Coach:	Date training with King started:			
Previous Swim Clubs:				

Swimmer #2 Name:				
Pool:	KCAC	COVINGTON	AAA	OTHER(specify):
Swim Group:				
Coach:	Date training with King started:			
Previous Swim Clubs:				

<p>Please attach the following:</p> <p>1. A written explanation describing family's circumstances at this time. Please provide details about your current financial situation, changes to employment, changes in marital status, other unexpected loss of income, unplanned medical and dental expenses, etc.</p> <p>2. A copy of your tax forms (these documents can be returned to you upon request) Provide most recent tax forms. Include all forms submitted to the IRS for the last submitted year</p>

In requesting financial assistance from the King Boosters Association, I understand and agree to the following:

- There is no guarantee that the King Boosters Association will be able to grant any request for assistance
- All information provided is true and complete to the best of my knowledge
- Additional information and/or documentation may be requested before assistance is granted
- Recipients of financial assistance are expected to maintain practice attendance requirements
- The King Boosters Association volunteer policy must be satisfied by actively fulfilling the service hour requirement with time worked, rather than paying the hour requirement fee assessment
- Active participation in King Boosters Association fundraising activities is required (\$200 at Swim-A-Thon)
- Failure to meet these requirements may be grounds for King Boosters to terminate financial assistance
- Valid E-mail address, with timely response
- The King Boosters Association Executive Board or it's designees may periodically review the needs of financial assistance recipients and may elect to terminate or change assistance amount and duration

Signed _____ Date _____

King Boosters Executive Board Use Only

Amount Granted:	Time Period:	Date:	Approved by:

***Please email your application to president@kingaquaticboosters.com and treasurer@kingaquaticboosters.com and mail a paper copy of your application to the address on the upper left corner of the first page.**