Please email completed form plus requested documents to carriecleveland@verizon.net

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell or Home (Please Circle)

Name of Swimmer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Group at Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this child currently receive free or reduced school lunch? Yes No

If YES, please attach proof.

If NO, please provide a statement to the SPSA Board of Directors that clarifies the circumstances behind this request for financial assistance (e.g., household challenges, employment details, ect.)

A member of the board will review your application. All information provided will be kept confidential. Please read an initial the following:

\_\_\_\_\_\_\_ I understand that an application does not guarantee acceptance into the SPY Swimming Financial Assistance Program.

\_\_\_\_\_\_\_ If the family is awarded assistance, a parent or family representative is expected to volunteer at all meets that the child participate in as a member of SPY Swimming.

\_\_\_\_\_\_\_\_This application is specifically for fees assessed for SPY Swimming. Separate arrangements must be made with the YMCA and USA Swimming for assistance with those aspects of this program.

\_\_\_\_\_\_\_\_All program participants granted financial assistance shall remain in good standing with program instructors and SPY. Unsportsmanlike conduct and/or conduct detrimental to the program may be grounds for removal of all financial assistance present and future.

\_\_\_\_\_\_\_\_\_ Swimmer is required to attend 80% of all scheduled practices and meets that they are eligible to participate in.

Signature of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_