

OLY Scholarship Program 2011-2012

Application for Financial Aid – Team Travel

The OLY Swim Team seeks to assure that no athlete is deprived of the ability to attend a Team Travel swim meet (eg. Out of state – Coach Invite only) or out of town State meet for want of financial means. To this end, OLY has created a limited scholarship fund to help defray the costs of Team Travel. To assure equitable allocation of these funds, we ask that you complete the following form. The “application” is confidential and will be handled by the Scholarship Committee comprising the Head Coach, President and Treasurer only to ensure your privacy. The fact that a family is receiving financial assistance will not be disclosed outside of these three Board members.

NOTE: A separate application must be filled out for each swimmer. The awards within a family may vary.

Before submitting your application, please read and be ready to adhere to the following guidelines if your application is approved.

1. In order to be eligible, the swimmer must have an invitation to attend the meet from their coach AND an attendance record that meets or exceeds their group requirement.
2. To stretch our funds as far as possible, the committee will award only partial awards. The scholarship will cover a min. of 25% and a max. of 50% of the total travel costs. This may include one or all of the following:
 - a. Transportation
 - b. Hotel
 - c. Food
3. All scholarship families are required to fulfill ALL their volunteer hour requirements.
4. Scholarships will be awarded on a meet to meet basis.
5. Misconduct, as defined by the OLY Code of Conduct, is grounds for loss of the Team Travel scholarship.

Application for Financial Aid – Team Travel

Swimmer's Name : _____

Swimmer's Group/Level: _____

Name of Meet and Cost _____

Award request (25% or 50%): _____

Swimmer's Address _____

Father/Guardian Name: _____

Occupation: _____

Mother/2nd Guardian Name: _____

Occupation: _____

Annual Income of Father/Guardian: _____

Annual Income of Mother/Guardian: _____

Number of Other Children (under age of 18) in Household: _____

A. Please fill out the **Parent/Guardian Statement of Need for Financial Aid** on a separate sheet of paper. This Statement is your opportunity to provide information to the Scholarship Committee to aid in their decision.

B. Attach a copy of the page of your most recent Federal Income Tax return that shows your taxable income for the year (usually the front page). If each parent/guardian filed separately, provide the page for both tax returns. If your financial situation has changed significantly since the latest return filed, please attach the tax return, but explain the changes in the Statement of Need on the reverse side. If no tax return was filed, please explain why in the Statement of Need on the reverse side.

Signature of Father/Guardian: _____

Signature of Mother/2nd Guardian: _____

Send only this completed form (with tax return information) by registration due date to:

OLY Swim Team Scholarship Program
3128 Walton Blvd. Rochester Hills, MI 48309