



# Niagara Swimming 2021 Outreach Application



Niagara and USA Swimming offer a reduced registration fee for athletes from low-income families. The purpose of this program is to provide competitive swimming opportunities to the underrepresented and economically disadvantaged youth in the United States. The Outreach Program reduces the annual membership fee an athlete pays to \$7.00. Complete the Athlete Information section and either Section A- Proof of Income or Section B- Proof of Assistance and submit with the required documentation and membership application.

## Athlete Information

Date: \_\_\_\_\_ Athlete's USA Swimming Registration ID: \_\_\_\_\_

Name of Club: \_\_\_\_\_ Club Code: \_\_\_\_\_ LSC: \_\_\_\_\_

Athlete's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name

Athlete's Birth date: \_\_\_\_\_  
Month Day Year

Athlete's Current Address: \_\_\_\_\_  
Address and Street City State Zip Code

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

## Section A: Proof of Income

Attach a photocopy of your most recent Federal tax return, proving that your income is below

the level in the following table. [source: Federal Reduced School Lunch Income Eligibility Guidelines 7/1/2020-6/30/2021]

Number in Family	Gross Yearly Income
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$78,020
8	\$88,240
Over 8, add for each	\$ 8,960

**Niagara Swimming uses 200% of the Federal Poverty Guideline**

## Section B: Proof of Assistance

Attach a photocopy of an approved application for one of the following assistance programs

<input type="checkbox"/> Aid to Families with Dependent Children	<input type="checkbox"/> Social Security Disability Insurance	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Temporary Assistance to Needy Families
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Women, Infant and Children's Program	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Children's Health Insurance Plan
<input type="checkbox"/> Section 8 Public Housing	<input type="checkbox"/> Home Energy Assistance Program	<input type="checkbox"/> Other	<input type="checkbox"/> Direct Notification Letter for Free/Reduced Lunch