

FAST Scholarship Program

The Findlay Area Swim Team has established a scholarship program to help swimmers and families that want to participate in our program but are unable to pay the Swim Fees. The following is a list of requirements to be eligible for the FAST Scholarship program.

1. This program is need based, not performance based.
2. If you receive a scholarship, you will be required to volunteer in all club fundraising events (Dueling Pianos, Swim – A – Thon, Regional Meet...).
3. If you receive a scholarship you will be required to maintain regular practice attendance.
4. This scholarship is for Swimming Fees only. You will be required to pay for your USA Swimming Registration (\$62) and all meet fees. Meet fees are paid if you decide to participate in a meet. At a typical meet each race your child enters cost \$5 each, if you participate in 4 races each day for two days meet fees would be (8 x \$5 = \$40).
5. Each scholarship is only good for the length of the season. Those wishing to receive a scholarship the following season must re-apply.
6. All scholarship matters will be handled in Executive Board Meetings only to ensure your privacy.

No Application Will Be Considered Unless Copies Of The Following Documentation Are Attached

- A. A fully completed FAST Scholarship Form
- B. Two most recent pay stubs
- C. A copy of your most recent W-2 form
- D. A copy of your most recent Tax Return including signature page
- E. Documentation to support all information in Question 9 of the Application

FAST Swimming Fee Scholarship Application

1. Name of Applicant: _____ Age: _____
 Address: _____
 City: _____ Zip: _____
 Day Phone: () _____ - _____ Evening Phone: () _____ - _____
 Email: _____

2. I am: ___ Single and living alone ___ Married ___ Separated ___ Divorced
 ___ Living with family or friends who pay for my: **(Check all that apply)**
 ___ Shelter ___ Food ___ Other needs

3. List ages of your children living with you at home: _____

4. Have you received a FAST Scholarship in the last year? Yes / No

5. Have you changed jobs within the last year? Yes / No

6. List all the working members of the household below. Print the names of their employer, and the number of hours worked each week

Name	Employer	Hours worked / week	Hourly Wage or Gross Annual Salary

7. If unemployed: For how long? _____ Have you applied for unemployment benefits? Yes / No

8. Do you expect to be employed in the next six months? Yes / No

9. If you receive financial assistance from any of these sources listed below, indicate the amount you receive each month and **provide copies of documents to support your information.**

Unemployment Benefits	\$	Food Stamps	\$
Government Assistance for Housing	\$	Child or Spousal Support	\$
Disability or Social Security	\$	Workers Compensation	\$
Aid for Dependent Children	\$	Pension / Investment Dividends / Other	\$

Please include an explanation of your need and any additional information you would like us to understand in considering your application.

I certify that all the information contained on this form is true at the time of application. I understand that FAST may discontinue assistance and deny future assistance if I fail to regularly attend practice, follow the rules, volunteer for all fundraising events, and pay for meet fees.

Signature of parent/guardian

Date