

**BBST Request for Financial Assistance 2017-2018** \*Confidential Request between Applicant and BBST Board of Directors\*

Family Name:

Address:

Phone:

E-Mail:

Total Number of Household Family Members:

Total Gross Family Income per Month:

Total Gross Annual Income on Most Recent W2 Form:

Other Sources of Family Income:

Is Your Family Enrolled in Any of the Following Aid Programs? Circle all that apply.

Washington Basic Food Program	Supplemental Nutrition Assistance Program	Apple Health
Bellingham Housing Authority	Temporary Assistance for Needy Families	Women, Infants, and Children Program
Bellingham Public Schools Free/Reduced Lunch Program	Other (Please write):	

Swimmer Information

Name: Training Group: # of Practices Attended per Week:

Name: Training Group: # of Practices Attended per Week:

Name: Training Group: # of Practices Attended per Week:

Name: Training Group: # of Practices Attended per Week:

Name: Training Group: # of Practices Attended per Week:

Total Monthly Dues:

Total number of Work Share Hours completed during 2016-2017 Swim Season:

All swim meets children attended during 2016-2017 Swim Season (please list):

Has your BBST account ever been delinquent (30 days past due), suspended, or cancelled?

If yes, how many times?

Please explain the circumstances regarding any delinquency, suspension, or cancellation of your BBST account:

Are your children involved in any other activities for which you are financially responsible (sports, music, theater, etc.)?

If yes, please list:

Total cost of activities per month (including BBST dues):

**Please Attach the following:**

**1. A written Explanation describing family's circumstances at this time.**

- Provide Specific Details about your current financial situation, changes to employment, changes in marital status, other unexpected loss of income, unplanned medical & dental expenses, etc.

**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.

**3. A copy of any documentation for other assistance programs (if enrolled)**

**4. Any other pertinent information you would like the BBST Board of Directors to know regarding your request for financial assistance**

In requesting financial assistance from the Bellingham Bay Swim Team, I \_\_\_\_\_ understand and agree to the following (please initial next to each):

\_\_\_\_\_ •There is no guarantee that the BBST Board of Directors (or it's designees) 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 and incomplete applications will not be considered

\_\_\_\_\_ •Recipients of financial assistance are expected to maintain minimum practice attendance requirements and are expected to attend all BBST hosted swim meets

\_\_\_\_\_ •BBST Workshare Hours must be satisfied by actively fulfilling Work Share hours with time worked, rather than paying the hour requirement fee

\_\_\_\_\_ •Active participation in all BBST fundraising activities is required and family swim-a-thon requirements must be met (\$250)

\_\_\_\_\_ •Financial assistance will not be used to cover meet entry fees, team travel trips, equipment/food purchases, private lessons, clinics, USA swimming registration fees, BBST Admin Fees, late fees or other expenses besides monthly dues

\_\_\_\_\_ •Recipients of financial assistance must pay their BBST account in full by the 10th of each month; financial assistance will be terminated if account becomes 30 days past due (delinquent)

\_\_\_\_\_ •Financial assistance is subject to termination following any second offence of the BBST Code of Conduct by either swimmer or parent

\_\_\_\_\_ •Failure to meet these requirements may be grounds for BBST Board of Directors to terminate financial assistance

\_\_\_\_\_ •The BBST Board of Directors (or it's designees) may periodically review the needs of financial assistance recipients and elect to terminate or change assistance amounts and duration for any reason (team finances, team size, new swimmers, etc.) and at any time without prior notification

\_\_\_\_\_ •Any changes to family income must be immediately communicated to the BBST Board of Directors (or it's designees)

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Please mail your application and all required documents to P.O. Box 5821 Bellingham, WA 98227

**BBST Board Of Directors Use Only**

<b>Amount Granted:</b>	<b>Time Period:</b>	<b>Date:</b>	<b>Approved by:</b>