



Financial Assistance Guidelines

Coast Aquatics, Inc. (CA) as part of its mission is committed to offering area swimmers the opportunity to succeed in the sport of swimming and recognize that financial hardships can limit those opportunities. Our financial aid policy consists of the following:

In order to apply for financial assistance you must supply Coast Aquatics with ALL of the following:

- Completed Financial Assistance Form
- Copy of most recent tax return form 1040 (pages 1 & 2 only, black out SSN or account numbers)
- 2 consecutive pay stubs for each income earning member of the household

Support documents will not be returned so please enclose photocopies. All documents will be shredded at the end of the assistance period. Please secure all information in a sealed envelope and mail to the team treasurer:

Coast Aquatics, Inc.
Attn: Jeff McGuirk
4345 Commons Dr. W.
Destin, FL 32541

The application and information will be held in complete confidence and seen only by the Finance Committee and or Board of Directors. The Finance Committee consists of the Treasurer, Vice-President and one other Board Member and will make recommendations to the Board based on their review of the application. If the Finance Committee is unavailable to meet then the application can be approved directly by the Board of Directors without recommendation by the Finance Committee.

Financial assistance once approved is valid for one “season” (short or long course) or one year dependent on the decision of the Board. As such applications are generally reviewed in August/September and then again in February/March unless a new family is involved or an event occurs that changes a family’s circumstances.

The policy is limited by the financial resources of CA.

Financial Assistance swimmers who do not show initiative in attending practices regularly will have their Assistance revoked.



Financial Assistance Form/Confidential Application

Block 1 – To be completed by person requesting assistance

Date of request: _____ Requestor's name: _____

Date required: _____ Average yearly income: _____

Household size: _____

Group level of the swimmer(s): _____

Do you receive income or assistance such as unemployment, child support, pension, disability or other sources of income? _____

If yes, please state amounts _____

Is your swimmer on the free lunch program at school? _____

What amount can you contribute monthly? _____

Describe any extenuating circumstances that would assist the board in making a decision on your application:

I acknowledge by my signature below that all of the information on this form is accurate and complete.

Signature

Date

Block 2 – To be completed by the Finance Committee

Concur with request? ____ Yes ____ No Date _____

Signature

Printed name



Block 3 – To be completed by president of the Board concerning the decision and description of the award

Estimated cost of award: _____

Any stipulations to the award, i.e. volunteer hours, etc: _____

End date of award: _____