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: Angela Balent
PO Box 1600
Fort Walton Beach, FL 32549

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:___________________