

Madison Aquatic Club's Scholarship/Grant Assistance Program Application

The Madison Aquatic Club Scholarship/Grant assistance Program is available to athlete members of USA Swimming who are in good standing with MAC. The intent of this program is to provide financial aid to those swimmers who consistently demonstrate a sincere commitment to maximizing their swimming potential. We strongly believe that community members should have the opportunity to participate on a competitive swim team regardless of financial status.

Types of Assistance Available

Scholarship/Grant assistance may be used for Seasonal Swim Fees only or travel fees associated with championship level meets.

Application Process

Scholarships/Grants are applied for and awarded on an annual basis. The Scholarship/Grants are limited to the availability of funds, and are awarded on a first come, first served basis. Application for funds should be made by parent to the MAC Business Manager. The Madison Aquatic Club management will use financial need as their primary criteria in awarding Funds.

Requirements for Scholarship Applicants

- Swimmers account must be in good standing with the team.
- Swimmer must fully participate in team practices, swim meets, other events and activities.
- Parents must fulfill volunteer requirement hours including a minimum of one additional shift at team hosted meets above the team family requirement
- Sincere interest in and commitment to competitive swimming

Volunteer Hour Requirements

Scholarship recipients (parents/guardians) are required to volunteer at every MAC hosted meet. Team meets include, but are not limited to, the November Invite, 2018 Regionals and the Summer Challenge. Parents must fulfill the volunteer requirements of team families including a minimum of one additional shift. Each family's volunteer hours must be logged online. Any hours not completed will be billed at a rate of \$50 per hour at the conclusion of the meet.

Misconduct

Misconduct by swimmer or parent, as defined by the Madison Aquatic Club's Codes of Conduct, is grounds for loss of scholarship.

Other

All applications will be reviewed before the start of the swimming season. When a decision has been made, a notification will be sent to all applicants via telephone, mail and/or email.

Statement of Responsibility:

I agree to meet the above requirements and will fulfill all necessary volunteer requirements if my swimmer is awarded a scholarship.

Applicant's (Parent/Guardian) signature: _____ Date: _____

Parent/Guardian Contact Information

Father/Guardian Printed Name: _____ E-mail _____

Daytime Phone _____ Home/Cell Phone _____

Occupation: _____ Employer: _____

Mother/Guardian Printed Name: _____ E-mail _____

Daytime Phone _____ Home/Cell Phone _____

Occupation: _____ Employer: _____

Swimmer Personal Information

Swimmer Name _____ Date of Birth ____/____/____ (M D Y)

Address _____

Estimate of Financial Need

Swimmer's Group _____

Percentage of financial aid requested for swim fees _____

Travel Assistance requested NO / YES (circle one)

Qualify for Free/Reduced Lunch Program: NO / YES (circle one)

If yes, include a copy of verification form from school district or copy of tax return

Explanation of Special Circumstances:

There are financial situations that fall outside of the scope of the aid programs listed above. This may be due to a job loss, death, divorce, illness, injury, etc. Please attach an additional page and supporting documentation if you wish to explain any unusual expenses, special or changing financial circumstances or additional sources of decreases in income. At the discretion of management a personal financial statement may be requested.

This application must be fully completed and returned to the MAC business office to be considered for financial assistance.

Statement of Responsibility:

I understand that the Madison Aquatic Club will be relying on the information provided above in consideration of granting me a scholarship. All the information provided by me is true and complete to the best of my knowledge.

Applicant's (Parent/Guardian) signature: _____ Date: _____