# Main PhotoLSC Swimming Application for Financial Aid

Swimmer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aid Requested: \_\_\_\_\_ Swim America \_\_\_\_\_\_ USA Swimming Registration Fee

\_\_\_\_\_\_ LSC Monthly Dues \_\_\_\_\_\_ Meet Fees

Maximum amount of award is 90% of fees/dues.

Time Period of requested aid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian name(s):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Contact Phone # | Email address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are you eligible for School Free or Reduced Lunch or WIC? \_\_\_\_\_\_\_\_ If yes, please attach verification.

If there has been a recent financial change or you wish to further explain your need, please do so on the back of this form.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the completed form and any requested information to:

LSC Swim Board OR Deliver to Head Coach OR Swim America Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Swim Board Use only:

Approved? Y N Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Timeframe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date family/swimmer notified:\_\_\_\_\_\_\_\_\_\_\_\_

Board Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Member Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_