**Inland Empire Swimming**

**Continuing Coaches Education 2017-2018**

To support continuing education of the coaches within Inland Empire Swimming the LSC has voted to have available $2500 annually to distribute to coaches who are current members of the LSC. This is a highly flexible program and offers financial support of up to $250.00 per coach per year to be used for reimbursement of expenses to be used for coaching and management clinics, mentoring programs, or other educational opportunities that enhance a coach’s education in the coaching realm. Money will be available each year until the annual budget is exhausted. At the beginning of the fiscal year the next years educational fund is restored and is available on a first come, first served basis.

Eligibility requirements

All participating clubs and coaches must meet the following requirements:

1. Clubs must be members in good standing with USA Swimming and have current charter status with Inland Empire Swimming.
2. Coaches must be current members of USA Swimming and currently registered as members of Inland Empire Swimming.
3. Grant program recipients agree to share information gained with other coaches as appropriate.
4. Documentation of expenses must be submitted to Don Hougardy within 30 days of completion of program for reimbursement.
5. Reimbursement cannot exceed the expenses incurred.

Qualifying programs Include:

1. Coaching seminars, conferences and clinics, and USA-S Convention.
2. Business management classes at local community colleges or commonly recognized educational institutions.
3. Educational materials (videos, presentations materials) that can be shared on a club wide basis.
4. Coach mentoring programs.

Final determination of the eligibility of the program requests will be made by the current Coaches Rep and LSC Chairman.

Grant Applicants Must

1. Sign and complete attached application no later than 14 days before start of program.
2. Attest that all eligibility requirements have been met.
3. Fully participate and complete all components of program.
4. Provide proof of expenditures along with receipt copies to Inland Empire Swimming with 30 days of completion of program.

**Inland Empire Swimming**

**Continuing Coaches Education Application 2017-2018**

Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Coach to receive funding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Coach:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Head Coach or Club President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Head Coach or Club President::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Coaches Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Inland Empire Swimming Board Chairman:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_