



FINANCIAL AID PROGRAM

The John Apple Swim Fund strives to offer the opportunity for all eligible swimmers to participate in Lancaster County USA swimming programs regardless of financial means or limitations. We provide financial aid to assist with swimmer program fees/dues.

GENERAL INFORMATION

- Financial aid is available for program fees/dues only. The applicant is responsible for all other attendant costs associated with swimmer participation.
- Financial aid is available to swimmers participating on a Lancaster County USA swim team.
- Financial aid is provided for one season at a time. Swimmers with continuing needs must reapply each season.
- Financial aid is distributed on a case-by-case, first-come, first-served basis.
- The applicant is encouraged to abide by their USA swim team's participation rules.
- Applications for financial aid will be kept confidential. All information concerning financial aid will be consolidated through the John Apple Swim Fund and applicant's USA swim team treasurer and/or coach.

FINANCIAL AID ELIGIBILITY CRITERIA

- Any applicant currently receiving government assistance such as welfare may apply for financial support.
- Any applicant with financial hardship as determined by the John Apple Swim Fund.

NOTE: *John Apple Swim Fund requires documentation verifying government assistance and income to determine swimmer qualification for financial aid.*

FINANCIAL AID APPLICATION

Applications for financial aid must be made by a swimmer's parent or guardian — not by an advocate.

Submit completed application to



John Apple Swim Fund
487 Letort Road, Millersville, PA 17551

Questions to



Mindy Ascosi
mindy@johnappleswimfund.org



APPLICATION FOR FINANCIAL AID

PROGRAM DESCRIPTION

The John Apple Swim Fund is a non-profit organization that offers a financial assistance program for youth participants who are in need of financial aid in order to swim for a Lancaster County USA swim team. Each request for aid is considered on a per season basis and applies to program fees/dues only. Participants are responsible for purchase of their own equipment and apparel and any other costs associated with meets or training. The amount of aid and number of family members/swimmers receiving aid is dependent upon available funding and is not guaranteed from year to year.

CONFIDENTIALITY

All gathered information is for the express and sole purpose of assisting the John Apple Swim Fund in making financial aid decisions. Financial Aid requests are strictly confidential. Incomplete forms will be returned.

APPLICATION

Select one Swim Season: Fall/Winter [] Spring/Summer []

PARTICIPANT / SWIMMER #1 INFORMATION	
Name:	Date of Birth:
School:	Grade:
USA Swim Team:	Training Group:
Swim Coach Name & Phone:	Treasurer Name & Phone:
Years involved in swimming:	

PARTICIPANT / SWIMMER #2 INFORMATION	
Name:	Date of Birth:
School:	Grade:
USA Swim Team:	Training Group:
Swim Coach Name & Phone:	Treasurer Name & Phone:
Years involved in swimming:	

PARTICIPANT / SWIMMER #3 INFORMATION	
Name:	Date of Birth:
School:	Grade:
USA Swim Team:	Training Group:
Swim Coach Name & Phone:	Treasurer Name & Phone:
Years involved in swimming:	

FAMILY INFORMATION

Parent's Marital Status:	Household Size (including adults & children):	
Parent/Guardian #1 Name:	Relationship to Child:	
Address:	City:	Zip:
Phone:	Email:	
Employer:	Occupation:	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hrs./Week _____		

Parent/Guardian #2 Name:	Relationship to Child:	
Address:	City:	Zip:
Phone:	Email:	
Employer:	Occupation:	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hrs./Week _____		

Does your family receive any government assistance? Yes No

If you answered yes, select the source of funding below:

TANF Medicaid Food Stamps Earned Income Tax Credit Social Security
 Housing Assistance Unemployment Other _____

List any special circumstances your family is experiencing (divorce, change in employment, loss of income, death of parent or spouse):

Please share any additional information to support why you are applying for financial aid:

APPLICATION continued...

Did you file taxes in the most recent calendar year? Yes No **If yes, please attach most recent Federal Tax Return.**

ANNUAL INCOME	LAST YEAR	ESTIMATED CURRENT YEAR
Parent/Guardian #1 Gross Wages / Salary / Business Income:	\$ _____	\$ _____
Parent/Guardian #2 Gross Wages / Salary / Business Income:	\$ _____	\$ _____
Spousal / Child / Family Support:	\$ _____	\$ _____
Government Assistance	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL INCOME (SUM OF ABOVE)	\$ _____	\$ _____

FINANCIAL AID REQUESTED:

Total Cost of Program Fees/Dues: \$ _____

Amount You Can Afford to Pay: \$ _____

Total Financial Aid Requested: \$ _____

Please fill out this application in its entirety. Applications with missing information will be returned for completion. You will receive an email within two weeks regarding your qualification and next steps. Supporting documentation such as federal tax return, pay stubs, and government assistance letter will be required prior to approval.

CERTIFICATION / RELEASE:

- a. I certify that this information is true and complete to the best of my knowledge. I understand that my signature authorizes the John Apple Swim Fund to obtain verification of all information on the application and that additional information may be necessary for approval of this application.
- b. I understand that the John Apple Swim Fund has an obligation to keep my personal information confidential. I also understand by signing this form, I grant permission to the John Apple Swim Fund to verify information, participation and membership status with the Coaches and Treasurers disclosed on this application.

Signature of Applicant

Printed Name

Date

ANY QUESTIONS related to this application can be submitted to Mindy Ascosi: mindy@johnappleswimfund.org

Completed applications should be mailed to: John Apple Swim Fund / 487 Letort Road, Millersville, PA 17551

We look forward to serving you!

FOR JOHN APPLE SWIM FUND USE ONLY

Date Received _____ Date Postmarked _____ Committee Member Initial _____

Request Approved: Yes _____ No _____

Amount Requested \$ _____ Amount Approved \$ _____ Required Family Contribution \$ _____