

Etowah Swim & Dive Booster Club Financial Assistance Application

The Etowah Swim & Dive Booster Club provides financial assistance, when possible, in the form of a reduced registration fee or equipment voucher to help eligible youth participate in the EHS Swim & Dive program. This plan aids youths from low-income families who are not currently being served by existing scholarship or fee waiver programs.

Eligibility: To be eligible for assistance, each child must:

Qualify for, or be currently receiving, assistance from one or more of the following programs:	AND	Meet each of the criteria below:
<ul style="list-style-type: none"> • Free or Reduced School Lunch • Temporary Assistance for Needy Families (Receiving Unemployment Benefits) • Foster Care • Medicaid/Social Security Income • Food Stamps • Referred by EHS counselor 		<ul style="list-style-type: none"> • Enrolled in Etowah High School • Commit to attend a minimum of 90% of scheduled practices and all meets unless excused by the Coach • Not be currently served by existing scholarships or fee waiver program

Etowah Swim & Dive Booster Club will provide aid, when possible, on a first come, first served basis. All applications must be received, at minimum, 48 hours prior to close of registration for the current swim season.

To Apply:

1. Applications should be completed by the athlete's parent or legal guardian and submitted to etowahswimdive@gmail.com no less than 48 hours before close of registration for the current swim season.
2. Complete the attached application. Ensure that the application has been signed by a parent. Attach official documents signifying the child is receiving aid. If such documents are not available, a school counselor must sign the form to verify eligibility.
3. Submit application to etowahswimdive@gmail.com by 10/7/20.
4. Eligible applicants will be confirmed and awarded scholarships prior to close of registration for the current swim season. Notification of reduced registration fees and equipment vouchers will be sent directly to the participants via email.

Any questions should be directed to etowahswimdive@gmail.com.

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EHS SWIM & DIVE SCHOLARSHIP PROGRAM APPLICATION

Please complete this form and submit it to the Etowah Swim & Dive Booster Club Scholarship Committee. Submit one application per child, per season.

Child's Name:	Parent/Guardian's Name:
Gender:	Address:
Date of Birth:	Daytime Phone:
Grade:	Evening or Cell Phone:
Is your child a year-round swimmer? Yes _____ No _____	Email Address:
Which type of assistance are you requesting? Check all that apply	Reduced Registration Fee: _____ Equipment Voucher: _____

CONSENT TO EXCHANGE INFORMATION: I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child's information. I certify that the information supplied is true and correct and that the Etowah Swim & Dive Booster Board have my permission to verify the information on this application. I understand that my child's participation in this program requires a commitment to attend 90% of scheduled practices and all meets.

REQUEST FOR REDUCED REGISTRATION FEE OR EQUIPMENT VOUCHER: My child is currently enrolled in a public assistance program such as Free or Reduced Lunch, Foster Care, or Medicaid. I request a fee waiver or equipment voucher for the Etowah Swim & Dive Booster Club Scholarship Program and give my permission for the Department of Family Services to release information verifying my eligibility. I understand that I must submit proof that I am receiving services.

Signature of Parent/Guardian _____ **Date** _____

A non-returnable copy of official documentation signifying that the child is receiving aid must be attached. If documentation is not available, the following section must be completed and signed by a school counselor or administrator, caseworker, or other official.

I verify that this applicant meets the scholarship guidelines as specified above or may benefit from participating in your organization.

Name of Official _____
Verifying Aid: _____ Phone: _____

Signature: _____ Position: _____