



Financial Hardship Assistance For Annual Registration Policy

Sebastopol Sea Serpents

Intent of Policy

Sebastopol Sea Serpents (SSS) have established a Financial Hardship Assistance program to support swimmers and their families who need help in covering the cost of annual registration. Any team member meeting the selection criteria is eligible to be considered for Financial Hardship Assistance.

Selection

The Financial Hardship Committee will grant Financial Hardship Assistance. Requests for assistance can be emailed to the Financial Hardship Committee Chair. The Financial Hardship Committee will review all applications for Financial Hardship Assistance. Based on the information provided by the applicant and available budgeted monies, the Financial Hardship Committee may award assistance to the applicant.

Financial Hardship Assistance Uses

Financial Hardship Assistance allocated by the Financial Hardship Committee will be credited to the recipient's account administered by the SSS Treasurer. Applicants may select from the following:

- Annual Membership Fee (\$5.00 per athlete) if the Applicant can submit documentation certifying that the family is on the Free/Reduced School Lunch Program, Food Stamps or if family income at or below state poverty level. (You will not be considered if documentation is not included).

Annual Membership Fee if the Applicant does not meet the above criteria, but family income is low and it is a financial hardship to pay the full amount of annual registration (documentation not required.)

Budget

The Financial Hardship Assistance Program is included in the annual SSS budget. The amount of outreach is based upon the number of Financial Hardship Assistant applicants and the budget. Monies awarded may not exceed the budgeted amount.

Eligibility Criteria for Financial Hardship Assistance

1. Applicants must reasonably demonstrate hardship due to a change in financial status.
2. Applicants must be a member in good standing of the SSS team. A member in good standing is one who meets the obligations of membership as laid out in the SSS bylaws and policies including but not be limited to, sportsmanship, work ethic, discipline, goal setting, and leadership.
3. Applicants approved for Financial Hardship Assistance, who subsequently achieve financial freedoms, shall notify the SSS Treasurer so that assistance may be terminated.
4. Applicants approved for Financial Hardship Assistance must complete volunteer hours, as required by all team member families.

Duration of Assistance

Financial Hardship Assistance will be awarded on a one time basis. All candidates applying for Financial Hardship Assistance for annual registration must re-apply each year.

Financial Hardship Assistance may be withdrawn if the swimmer or family fails to meet these expectations:

1. Each Financial Hardship Application shall be completed by a parent or guardian, in which they very briefly describe circumstances of the family's financial need.
2. Annual registration fees, outstanding monthly dues, and meet fees must be paid prior to consideration for a Financial Hardship Assistance.
3. Financial Hardship Assistance recipients must demonstrate their commitment to SSS by attending a minimum of two (2) practices per week. An exception may be made to this requirement for major illness or injury only.
4. Financial Hardship Assistance Recipients must be current with volunteer hours.
5. Financial Hardship Assistance Recipients must notify the SSS Treasurer of changed circumstances within a month of the change in either household income.



Financial Hardship Assistance For Annual Registration Application

Sebastopol Sea Serpents

The annual registration cover the cost of insurance, registration, and USA membership dues. All families that can afford to pay the annual registration are asked to pay the full amount. Swimmers participate equally in the SSS Swim Program regardless if Financial Hardship Assistance is needed.

Local fund raising efforts, corporate sponsorships, grants and donations help to bridge the gap between program fees paid and financial hardship assistance needed. If you believe you qualify for Financial Hardship Assistance, please indicate which level you would like to apply for and complete the application:

- Full Annual Membership Fee (\$5.00 per athlete) if the Applicant can certify that the family is on the Free/Reduced School Lunch Program, Food Stamps or if family income at or below state poverty level. **
- Partial Annual Membership Fee (\$100 per athlete) if the Applicant does not meet the above criteria, but family income is low and it is a financial hardship to pay the full amount of annual registration.

**** If you would like to be eligible for Pacific Swimming's Outreach Program, which provides Annual Registration for USA Swimming at \$5.00 per athlete, please include documentation showing at least one of the following: You will not be considered without proof of one of the following:**

Calworks
Covered California/Medi-Cal
Homeless Coalition
Family income at or below the state poverty level
Section 8 Housing
NAP
Individual Free School Lunch Program

Participant Name: _____

Age: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Cell: _____ E-mail (required): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Why do you need a SSS Scholarship? _____

For office use only: Financial Hardship Assistance Application Approval/Denial

Date Received: _____ New Renewal

Documentation included showing qualifications _____

Scholarship Request (check one):

Approved by Committee: Amount Approved: _____ for the year _____

Denied by Committee: Reason _____

Date notified Applicant: _____

Financial Hardship Committee Chair Signature: _____

Head Coach Signature: _____ Date: _____



Below is the guidelines for low income. If you choose to send in your tax returns as a means of proof, please black out your social security numbers on the form. Your information is kept confidential and is not shared.

Pacific Swimming also accepts documentation showing that you qualify for Food Stamps or the State of California Benefits Identification Card.

Free Eligibility Scale Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 15,301	\$ 1,276	\$ 638	\$ 589	\$ 295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add:	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104

