



VASHON SEALS SWIM TEAM
 PO BOX 1824, VASHON WA 98070
 WWW.SWIMVASHON.ORG
 SPLASH@SWIMVASHON.ORG

Financial Aid Program 2011/12

The Vashon Seals Financial Aid Program is intended to provide some relief for those families who do not qualify for the reduced fees provided by the Vashon Park District but who find it a hardship to pay the fees. Funds are limited. To ensure that we have sufficient funds to provide for all, please consider your actual need carefully as you submit your request.

The Financial Aid Program will pay up to a maximum of 25% of swim fees. The family must pay 100% of the USAS registration fee and all meet fees.

Eligibility

- t Those who are eligible for the Vashon Park District Reduced Fee Program must apply to that program.
- t Must have been on swim team at least 3 quarters, not necessarily consecutively.
- t Must meet the following income requirements:

	1 Person Household	2 Persons Household	3 Persons Household	4 Persons Household	5 Persons Household	6 Persons Household	7 Persons Household	8 Persons Household
Income Level	\$35,131 to \$44,950	\$40,375 to \$51,400	\$45,095 to \$57,800	\$50,338 to \$64,200	\$54,009 to \$69,350	\$58,203 to \$74,500	\$61,874 to \$79,650	\$66,069 to \$84,750

Selection Criteria

- t Quantitative criteria: must meet income requirements stated above.
- t Qualitative criteria: applicants will be evaluated based on behavior and commitment to the team. Applications will be evaluated by a committee comprised of the Head Coach, President of the Board of Directors, and the Team Treasurer.

Application Process

Step 1 Complete Financial Aid Application

Before registering for swim team at the Vashon Park District, complete the form on the back of this sheet and submit it to the Team Treasurer, either by putting it in her file at the pool (Mary van Egmond) or by mailing it to the PO Box address at the top of this form. You will not be able to register with reduced fees until you have received confirmation from the Team Treasurer.

Step 2 Proof of Income Documentation

Along with the completed application, please submit proof of gross income for your entire household. This may be 2 months worth of paystubs or other documentation of **current** income. The most current tax return is acceptable if more current documentation is not available. You must verify all income for your household from all sources and wage earners. Once you apply for Financial Aid, your proof of income documentation will be kept on file for 6 months and will be used for subsequent applications for financial aid during that 6-month period. If your financial situation changes during the 6-month time period, you are required to report those changes.

Step 3 Registration

The Team Treasurer will inform you whether or not you have been awarded financial aid. You can then register as usual; financial aid information will be sent to Vashon Park District. An initial payment is due at the time of registration.

Questions

Please contact the Team Treasurer, Mary van Egmond, or President, Jill Dziko, with any questions.



VASHON SEALS SWIM TEAM
 PO BOX 1824, VASHON WA 98070
 WWW.SWIMVASHON.ORG
 SPLASH@SWIMVASHON.ORG

Financial Aid Application 2011/12

Please submit the application and accompanying documentation at least 2 weeks prior to the start of registration to ensure enough time for review and consideration of your request.

Winter Session Registration Begins: December 7, 2011

Spring Session/Long Course Registration Begins: February 29, 2012

Summer Session Registration Begins: May 9, 2012

Swimmer Name: _____ **Swim Level:** _____

Parent/Guardian Name: _____

Email: _____ **Phone:** _____

Household Size (# of persons): _____

Total Gross Household Income: _____

(All income sources from all wage earners)

I certify that the information provided, including documentation of household income, reflects our total household income from all sources. I understand that financial aid information is confidential, and that final decisions about financial aid are at the discretion of the Vashon Seals Swim Team Board of Directors and are subject to available funds.

Though I qualify for the maximum 25% reduction in fees, I would like to pay more. I would like to reduce my fees by _____.

 Signature of Parent or Guardian _____
 Date

VSST Use Only:

Financial Aid Approved/Denied: _____ Approved By: _____

Amount Approved: _____ Family Informed By: _____

Proof of Income Expires: _____

Financial Aid Info Sent to VSD on: