

South Austin Area Barracuda Swim Team

Financial Assistance 2012 Application

Directions: Print or write legibly, complete one form for each child, answer all questions and be sure to sign and date the application. Applications should be submitted at registration or mailed with registration form and appropriate registration fee (per swimmer) to SAAB, Attn: Financial Assistance Committee, 12101 Cascade Caverns Trail, Austin, TX 78739. Financial Assistance will be awarded on a first come basis. Completed application packages must be received by April 15th - no exceptions. All applicants will be contacted by the SAAB Financial Assistance Committee no later than May 1st. In the event you are not awarded financial assistance, you will be contacted regarding whether your swimmers will participate during the 2012 season.

Parent/Guardian's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Swimmer's Name _____ Age _____ School _____

Swimmer's Name _____ Age _____ School _____

Swimmer's Name _____ Age _____ School _____

Swimmer's Name _____ Age _____ School _____

Financial Assistance amount being requested: \$50 \$100 Other \$ _____

I/We feel I/we can afford to pay \$ _____ toward swim fees.

Child resides with (circle one):

Both parents Mother Father Grandparents Guardian Foster care

Mother is (circle one): Unemployed Working-full time Working-part time

Occupation _____ Employer: _____

Father is (circle one): Unemployed Working-full time Working-part time

Occupation _____ Employer: _____

Total number of children in household _____ Ages _____

Other spring & summer activities the child (ren) is (are) involved in _____

Are there any other factors that we should take into consideration in evaluating your need for assistance?

I understand and acknowledge the following:

- My family will truly benefit from this financial assistance;
- Providing incorrect information on this application will disqualify me from receiving financial assistance;
- In the event that my swimmer does not receive financial assistance, I will be provided with the opportunity to withdraw the registration form;
- That, as a financial assistance recipient, my family is expected to attend the majority of swim meets, team events and participate in as a volunteer.

Parent/Guardian Signature _____ Date _____

SAAB use only:

Application Received on: _____

Application Reviewed by Financial Assistance Committee on: _____

Follow-up by Financial Assistance Committee on: _____

Financial Assistance Awarded on: _____

Amount: _____

Swimmer completed the registration process on: _____

Follow-up with Parent on: _____