CONFIDENTIAL

San Clemente Aquatics Scholarship/ Financial Assistance Program

Adopted November 16, 2022

Overview

San Clemente Aquatics (SCA) is committed to providing swimmers, regardless of socioeconomic background, the opportunity to participate and excel in swimming! This program is intended to grant financial assistance in the form of fee reduction for individuals and families financially unable to pay the established program fee. Financial aid may be granted based on availability of funds and upon written statement of need.

Eligibility

- Applicant must be a member in good standing of San Clemente Aquatics;
- Applicant must demonstrate a financial need;
- Applicant must attend at least 75% of all monthly practices for their assigned practice group;
- Applicant must fulfill volunteer and fundraising requirements over the course of the year. Applicant/family not participating in required fundraising requirements will be assessed fees without discount.
- Applicant must stay current in monthly payments;
- Scholarship season is concurrent with the swim season (Sept 1 - Aug 31) but reviewed on a quarterly basis to ensure that the minimum guidelines are met.
    - An application may be submitted any time during the swim season but scholarships will expire at the end of each swim season or when funds are depleted. A new application must be completed each swim season;
- Scholarship values shall be determined by the Scholarship Committee:
    - The President;
    - Head Coach;
    - Business Administrator.

Name of swimmer	
Date of birth	
Swim Group	
Amount Requested	$

Is the swimmer eligible for the Free or Reduced price school lunch program?
Yes____**No**_____If yes, please submit documentation provided by the school.

Name of Parent/Guardian Requesting financial aid	
Email address	

Permission to send information via email **Yes**____ **No** _____

Please return completed form and all supporting documentation by mail to:
San Clemente Aquatics Board of Directors / Head Coach
P.O. Box 73666, San Clemente, CA 92673

Parent/ Guardian Address	
City/Zip	
Daytime phone	
Evening Phone	

Married____Single_____Divorced_____Widowed_____Military Family _____

One of the following must be provided along with application.

- If you qualify for the Free Lunch or Reduced Lunch program, a copy of the eligibility letter from your school district;
- If you receive a discount from a utility company, a copy of the invoice verifying discount.

If for any reason you can not provide the above items, following are acceptable income verifications that must be provided by each parent or guardian.

- Federal Income Tax Filing (copy of front and back of Form 1040/1040 EZ);
- Two months of payments stubs, or most recent unemployment check stubs.

Child Support	$
Current Monthly Household Income	$

_____ I/we recognize by submission of this application that my information can and likely will be shared with members of the SCA Board of Directors, Head Coach and Administrator. All information you provide will be held in the strictest of confidence.

_____ I/we agree that if our financial need is reduced, we will promptly notify the SCA Board of Directors, and Head Coach and understand the amount of our financial aid may change.

_____ If awarded a partial scholarship, I/we agree to pay all remaining balances in accordance with SCA policies.

_____ I/we understand and agree that our swimmer will be required to maintain regular attendance at swim practices. Swimmers are expected to attend a minimum of 75% of all scheduled practices. Please arrange with your coach if there is to be any extended absences from the pool.

_____ I/we understand and agree that adult members of our family are required to contribute volunteer service to the team. This included time spent volunteering at SCA hosted home swim meets, helping out when needed at the pool and any other opportunities that may arise.

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P.O. Box 73666, San Clemente, CA 92673

_____ I/we understand that our family is required to meet the Club's Fund-raising requirement. Failure to participate in Club fund-raising opportunities may be cause for relocation of our scholarship.

_____ I/we understand that the financial assistance will be reviewed by the SCA Board of Directors, and Head Coach on a quarterly basis.

I/we have read the above requirements for the SCA scholarship program. As the responsible parent/ guardian for the above named swimmer(s), we agree to be responsible for meeting all of the above requirements: _____

Parent/Guardian

I have reviewed all of the program requirements with the above named parents and have accepted their agreement for the SCA scholarship program. _____

SCA Representative

This policy shall not be altered without Board approval.

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