

Louisa Gator 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 POGA, P O Box 1373, Louisa, VA 23093.** Financial Assistance will be awarded up to the amount of \$50 per swimmer on a first come basis. **Completed application packages must be received by April 27 - no exceptions.** All applicants will be contacted by the POGA Financial Assistance Committee no later than May 4. 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 Attends _____

Swimmer's Name _____ Age _____ School Attends _____

Swimmer's Name _____ Age _____ School Attends _____

Swimmer's Name _____ Age _____ School Attends _____

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

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 _____

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

Occupation _____

Total number of children in household _____ Ages _____

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

What specific circumstances make this request for financial assistance necessary?

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 at least three fund-raising events.***

Parent/Guardian Signature _____ Date _____

POGA use only:

Application Received on: _____

Application Reviewed by Financial Assistance Committee on: _____

Follow-up by Financial Assistance Committee on: _____

Financial Assistance Awarded: Yes No

Amount: \$50 \$ _____

Swimmer continued the registration process: Yes No

Verbal Reiteration with Parent Date _____ by FA Comm _____