Please return this form to your club registrar for submission with the athlete registration



Niagara Swimming 2018 Outreach Application

Niagara and USA Swimming offer a reduced registration fee for athletes from low-income families. The purpose of this program is to provide competitive swimming opportunities to the underrepresented and economically disadvantaged youth in the United States. The Outreach Program reduces the annual membership fee an athlete pays to \$5.00. Complete the Athlete Information section and either Section A-Proof of Income or Section B-Proof of Assistance and submit with the required documentation and membership application.

| Athlete Information | | | | | | | |
|----------------------------|---|------------|----------------|-------|----------------|--|--|
| Date: | Athlete's USA Swimming Registration ID: | | | | | | |
| Name of Club: | Club Code: LSC: | | | | | | |
| Athlete's Legal Name: | | | | | | | |
| | Last Name | First Name | Middle Initial | | Preferred Name | | |
| Athlete's Birth date: | Month | Day | Year | - | | | |
| Athlete's Current Address: | | | | | | | |
| | Address and Street | | City | State | Zip Code | | |
| Home Phone Number: | | | | | | | |
| | (Area Code) | | | | | | |
| Signature of Parent or | Guardian | | | Date | | | |

Section A: Proof of Income

Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [source: Federal Reduced School Lunch Income Eligibility Guidelines 7/1/2017-6/30/2018]

| Gross Yearly Income \$30,044 \$37,777 |
|---|
| \$45,510 \$53,243 |
| \$60,976 \$68,709 |
| \$76,442 \$ 7,733 |
| |

Section B: Proof of Assistance

Attach a photocopy of an approved application for one of the following assistance programs

| [] Aid to Families with Dependent Children | [] Social Security Disability Insurance | [] Food Stamps | [] Temporary Assistance to Needy Families |
|--|--|----------------|---|
| [] Supplemental Security Income | [] Women, Infant and Children's Program | [] Medicaid | [] Children's Health Insurance Plan |
| [] Section 8 Public Housing | [] Home Energy Assistance Program | [] Other | [] Direct Notification Letter for Free/Reduced Lunch |

