



# Niagara Swimming 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 or B for Proof of Income and submit with the required documentation and membership application.

<b>Athlete Information</b>				
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	

<b>Section A: Proof of Income</b>
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]

Number in Family	Gross Yearly Income
2	\$25,327
3	\$31,765
4	\$38,203
5	\$44,641
6	\$51,079
7	\$57,517
8	\$63,955
Over 8, add for each	\$ 6,438

<b>Section B: Proof of Income</b>
Attach a photocopy of an approved application for one of the following assistance programs

- |                                      |                                |                                                    |                               |
|--------------------------------------|--------------------------------|----------------------------------------------------|-------------------------------|
| <input type="checkbox"/> AFDC        | <input type="checkbox"/> JOBS  | <input type="checkbox"/> Emergency Assis           | <input type="checkbox"/> TANF |
| <input type="checkbox"/> SSDI/SSI    | <input type="checkbox"/> WIC   | <input type="checkbox"/> Medicaid                  | <input type="checkbox"/> CHIP |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> HEAP  | <input type="checkbox"/> Free/Reduced School Lunch |                               |
| <input type="checkbox"/> Section 8   | <input type="checkbox"/> Other |                                                    |                               |

