



Sharks Swim Team Financial Aid – Application

Parent/Guardian(s) Name(s): _____

Dependent(s) Name(s): _____ Age(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian Proof of Income

To qualify for Sharks Swim Team financial aid, the participant(s) parent/guardian must provide proof of their yearly income in the form of their most recent W-2s. If yearly income is **below \$20,000** the YWCA of Gettysburg & Adams County can provide up to a maximum of \$100 of financial aid monies, per child, for swim team. Please attach a copy of your most recent W-2s to this application upon submission.

Terms & Conditions

- Participant(s) must be between the ages of 6 – 18 years old.
- To be eligible, must be an Adams County resident.

Statement of Purpose

The Sharks Swim Team Financial Aid Program was established to increase opportunities for young people to participate in swimming by reducing the fees needed to participate.

_____ Parent/Guardian First & Last Name (Printed)	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ Aquatics Director Signature	_____ Date

Please email completed form & copy of W-2 to mrivera@ywcagettsburg.org