

NORTHEASTERN SWIM TEAM FINANCIAL AID APPLICATION

The undersigned individual is applying for financial aid from the Northeastern Swim Team and agrees to abide by the standard terms and conditions if assistance is granted.

Swimmer Name (one per application): _____

Age: _____

Parent/Guardian Name: _____

Home Address: _____

Telephone: _____

Marital Status: _____

Primary Employer: _____

Occupation: _____

Work Phone: _____

I hereby certify that all of the information in my application materials is true and correct. I understand that the NST Executive Board may verify this information prior to presenting it for consideration. Deliberate misrepresentation may be subject to termination for further financial assistance from the team. I understand that there are conditions and requirements for continued financial support, and that support may be terminated if conditions are not met. I understand that financial assistance is awarded seasonally, and that I may apply annually for financial aid.

Authorized Signature: _____

Printed Name: _____

Date: _____