



PART 3 – Statement of Income and Expenses of Custodial Parents/Guardians		
Income Statement		
Income Type:	Monthly	Annual
- Salary		
- Bonuses and Commissions		
- Tips		
- Alimony/Child Support		
- Real Estate Income		
- All Other Income*		
Total Income		

(*) For All Other Income, specify sources including grants, Social Security, Medicaid, etc.		
Source	Amount	Frequency of Payment

Expense Statement		
Expenses:	Monthly	Annual
- House payment or rent		
- Utilities		
- Home/auto/life insurance		
- Auto payment, fuel, repairs		
- Medical insurance/bills		
- Other bills, loans, credit cards		
Total Expenses		

PART 4 – Signature and Statement of Accuracy			
<p><i>I certify (promise) that all information on this application is true and that all income is reported. I acknowledge that AD Swimming is under no obligation to award a grant based upon this application and that the information I have provided will be used solely for the purpose of assessing my/our need for financial assistance.</i></p>			
_____	_____	_____	_____
Parent/Guardian	Date	Parent/Guardian	Date

If a grant is awarded, notification and check will be sent to your club registrar. Please provide your registrar's name and address: Name _____

Address _____

Instructions for Filing Application:

1. Complete all necessary fields above.
2. Attach most recent Federal Income Tax return (first two pages only).
3. Seal in an envelope and submit with swim team registration to team registrar.
4. Team Registrar will submit the sealed application to the Outreach Chair:
Carolyn Manor 1017 Rosendale Rd. Niskayuna, NY 12309

Please note that the Outreach Committee will not be responsible for applications which are sent to the wrong address or are otherwise not received. It's advisable to keep a copy of your application.