



**VASHON SEALS SWIM TEAM**  
 PO BOX 1824, VASHON WA 98070  
 WWW.SWIMVASHON.ORG  
 SEALS@SWIMVASHON.ORG

## FINANCIAL AID FORM

Swimmer Last Name:	Swimmer First Name:
Training Group:	Age:

Primary Parent:	
Home Phone:	Cell Phone:
Address:	
Email:	
Quarter: <b>FALL</b> <b>WINTER</b> <b>SPRING</b> <b>SUMMER</b> <i>(circle)</i>	

Reduced fees are calculated using the King County median annual income level.  
 Please circle 'Household Size' (*number of people in family*) and income band.

Household Size	2	3	4	5	6	7	8+
<b>CATEGORY A</b> <i>Pay 50% of VSST Fees</i>	Up to \$34,750	Up to \$39,100	Up to \$43,400	Up to \$46,900	Up to \$50,350	Up to \$53,850	Up to \$57,300
<b>CATEGORY B</b> <i>Pay 75% of VSST Fees</i>	\$34,751 to \$51,400	\$39,101 to \$57,800	\$43,401 to \$64,200	\$46,901 to \$69,350	\$50,351 to \$74,500	\$53,851 to \$79,650	\$57,301 to \$84,750

I certify that the information provided reflects my total household income from all sources and fits into the category I have circled. I understand that documentation of household income is required with each application and that financial aid information is confidential. I agree that the final decision about eligibility is at the discretion of the VSST Financial Aid Committee and subject to available funds.

Monthly Income:	Financial Aid Category: <b>A</b> <b>B</b> <i>(circle)</i>	
Full Fee: \$	VSST Portion: \$	Participant Portion: \$

Signature of Applicant:	Date:
VSST Approval Signature:	Date:

Amended Sept 1, 2012