

MAST Swimming Scholarship Program Financial Aid – Membership

MAST seeks to ensure that no athlete is deprived of the opportunity to participate on the team for want of financial means. To this end, a limited scholarship fund has been created to help defray the costs of Milford Area Swim Team membership. To ensure the equitable allocation of these funds we ask that you complete an application. The application is confidential and will be handled by General board and the head coach to ensure privacy. The fact that a family is receiving financial assistance will not be disclosed outside of these board members.

MAST has an all-inclusive fee structure that incorporates training fees, USA Swimming registration, meet fees, and operations expenses. The MAST scholarship will cover the portion of your expenses earmarked for training fees. Ohio Swimming has an outreach program that may assist you with USA Registration fees and meet fees, and requires a separate application.

Note: A separate application must be filled out for each swimmer. The awards within a family may vary.

Before submitting your application, please read and be ready to adhere to the following guidelines if your application is approved.

1. You will be required to pay your annual USA Swimming Registration. There is help available for the USA fees, direct from USA Swimming.
2. All scholarship families are required to fulfill all their volunteer hour requirements.
3. Scholarships will be awarded in September of each year that there are funds available. Each scholarship is only good for the length of that season. Those wishing to receive the scholarship the following season must apply.
4. Receipt of Scholarship in one season does not guarantee receipt in a following season.
5. Misconduct, as defined by the USA Swimming Code of Conduct, is grounds for loss of scholarship.

MAST Swimming Application for Financial Aid

Swimmers Name: _____

Swimmers Group: _____

Swimmers Address: _____

Father/Guardian Name: _____

Occupation and Annual Income: _____

Mother/Guardian Name: _____

Occupation and Annual Income: _____

Do you qualify for School Free or Reduced Lunch? _____ If yes please attach a copy.

Number of other children (under 18) in the household; _____

We may ask for a copy of your most recent Federal Income Tax Return, which will be returned to you once the committee has meet.

If there has been a recent financial change or you wish to further explain your need, please do so on the back of this form.

Signature of Father/Guardian: _____

Signature of Mother/Guardian: _____

Please send the completed form and any requested information, by registration due date to:

MAST Swim Scholarship Committee

PO Box 801, Milford OH 45150 or Deliver to the Head Coach