



Raleigh Swimming Association

www.swimrsa.org

CHARITABLE FUND "RSA CARES":

GENERAL INFORMATION FOR 2010-2011

RSA Financial Aid is available to RSA members (athletes) who are not in a position to meet expenses without financial assistance. Funds are applicable to monthly dues only.

APPLICATION PROCEDURES:

Enclosed are: A: General Information Sheet and Application

B: Assets/Liabilities and Monthly Budget form

C: Parents' Certification Form

1. Complete all enclosed forms, attach a copy of your most recent Federal Income Tax returns and mail to: RSA, Charitable Fund Committee, 6300 Chapel Hill Road, suite 110, Raleigh, NC 27607. Be sure to sign all forms.
2. The Charitable Fund Committee will review your application using established criteria that is based strictly from the point of view of financial need. The Committee and Head Coach will make a recommendation to the Board of Directors in regard to the application. A majority vote by the Board of Directors is required. The Charitable Fund Committee will notify you with regard to your application.
3. The need for financial aid will be reevaluated every 6 (Six) months to determine whether additional assistance is required, and the complete Financial aid application is submitted every 6 (six) months. The IRS form will be reviewed each year. Please be advised that you are required to inform the committee immediately if your financial situation changes prior to the six month reevaluation. Be assured that all applications, deliberations and decisions are kept in strictest confidence.

If you have any questions, please contact Charitable Fund Committee @ RSACares@swimrsa.org



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RSA CHARITABLE FUND INFORMATION AND APPLICATION

Swimmer Applicant _____ Group _____

Swimmer Applicant _____ Group _____

Father's Name _____

Home Address _____

Home Phone # _____ Work # _____ Cell # _____

Occupation _____ Employer _____

Business Address _____

Mother's Name _____

Home Address _____

Home Phone # _____ Work # _____ Cell # _____

Occupation _____ Employer _____

Business Address _____

Parents are: Residing together _____ Divorced _____ Separated _____ Other _____

If parents are not residing together, swimmer lives with:

Mother _____ Father _____ Guardian _____ Other _____

Primary Residence: Own _____ Rent _____ Other _____

Total estimated amount of monthly dues family you are able to contribute for each child:

Name: _____ \$ _____

Name: _____ \$ _____

To be signed by parent or legal guardian:

I HAVE READ AND UNDERSTAND THE ENCLOSED MATERIALS CONCERNING APPLICATION FOR CHARITABLE FUND ASSISTANCE.

Signature; _____ Date; _____



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MONTHLY BUDGET

INCOME:

Monthly Salary _____ Monthly Bonus Income _____

Dividends _____ Monthly Interest Income _____

Alimony _____ Child Support _____

Housing Allowance _____ Rent _____

Other _____

TOTAL MONTHLY INCOME: _____

EXPENSES:

Mortgage/Rent _____ Real Estate Taxes/Insurance _____

Utilities _____ Auto Payments _____

Child Care _____ Medical _____

Insurance (Health, Life, Auto) _____

Tuition _____ Deposit to Savings _____

Debt Reduction (Loans, credit card) _____

Other _____

TOTAL MONTHLY EXPENSES: _____

MONTHLY VARIANCE: _____

SIGNATURE; _____



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ASSETS

Savings Account _____
Checking Account _____
Accounts Receivable _____
Notes Receivable _____
Stocks & Bonds _____
Real Estate: Cost _____ Mortgage _____
Other Assets _____

TOTAL ASSETS _____

LIABILITIES

Mortgage(s) _____
Other Loan(s) _____
Credit Card Debt _____
Notes payable: _____ Secured _____ Unsecured _____
Accounts Payable _____
Other Debt _____

TOTAL LIABILITIES _____

Signature; _____ Date; _____



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PARENT(S) CERTIFICATION

For the purpose of obtaining charitable funds assistance to attend the Raleigh Swimming Association, we declare that the information reported on these forms, to be to the best of our knowledge and belief, are true, correct and complete.

Attached is a true and correct copy of our latest Federal Income Tax Return.

Signature of both parents and guardians;

Printed Name: _____ Signature: _____ Date _____

Printed Name: _____ Signature: _____ Date _____

Comments/ Explanations of Any Unusual Circumstances (use additional paper if necessary):