



**PREPARATORY COMPETITION CLUB ASSISTANCE PROGRAM**  
**APPLICATION**

CLUB NAME: \_\_\_\_\_ CLUB CODE: \_\_\_\_\_

CLUB MAILING ADDRESS

ADDRESS: \_\_\_\_\_

CITY STATE ZIP: \_\_\_\_\_

NAME AND EMAIL OF PERSON SUBMITTING THIS APPLICATION:

\_\_\_\_\_

**QUALIFICATIONS:**

- FUNDING FOR GRAND PRIX OR EQUIVALENT CALIBER OF COMPETITION PER CLUB COACH DISCRETION
- ATHLETE THE CLUB SUBMITS MUST HAVE A CURRENT LC SR/JR NATIONAL CUT IN AN INDIVIDUAL EVENT
- ASSISTANCE IS A MAXIMUM FUNDING OF \$300.00 PER SHORT COURSE/ \$300.00 PER LONG COURSE SEASON PER QUALIFIED ATHLETE . Note: In an Olympic year an athlete/club may receive one additionally funded meet, SC or LC.
- SUBMISSION OF LC SR/JR NATIONAL CUT AND VERIFICATION OF TIME ACHIEVED AT SUBMITTED MEET MUST BE ATTACHED TO THIS APPLICATION FOR EACH ATHLETE SUBMITTED.
- DEADLINE FOR THIS APPLICATION IS WITHIN FOURTEEN DAYS OF FINAL COMPETITION DATE OF MEET SUBMITTED

<u>ATHLETE NAME</u>	<u>USA SWIMMING ID #</u>	<u>ATTACHED VERIFICATION NATL CUT</u>	<u>ATTACHED VERIFICATION MEET RESULT</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**MAIL THIS COMPLETED FORM AND ALL REQUIRED ATTACHMENTS TO:  
Illinois Swimming, 1400 E Touhy Ave, Suite 245, Des Plaines, IL 60018**