



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 \$250.00 PER SHORT COURSE/ \$250.00 PER LONG COURSE SEASON PER QUALIFIED ATHLETE
- 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 SR 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, 3166 S RIVER RD, SUITE 30, DES PLAINES, IL 60018**