



15622 Country Club Drive
Mill Creek, Washington 98012
office@WESTswimteam.com
425.379.8806

2026-27 Financial Aid Application

All scholarships are need based and determined by the Everett School District's Free Lunch Program. Families qualifying for the Free Lunch Program will qualify for 90% Scholarship - our highest level of Financial Aid. See the below table for a complete breakdown.

Family Members	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
	90% Scholarship		70% Scholarship		50% Scholarship		30% Scholarship		10% Scholarship	
1	\$ 20,748	\$ 2,413	\$ 24,898	\$ 2,896	\$ 29,047	\$ 3,378	\$ 33,197	\$ 3,861	\$ 37,346	\$ 4,343
2	\$ 28,132	\$ 3,261	\$ 33,758	\$ 3,913	\$ 39,385	\$ 4,565	\$ 45,011	\$ 5,218	\$ 50,638	\$ 5,870
3	\$ 35,516	\$ 4,109	\$ 42,619	\$ 4,931	\$ 49,722	\$ 5,753	\$ 56,826	\$ 6,574	\$ 63,929	\$ 7,396
4	\$ 42,900	\$ 4,957	\$ 51,480	\$ 5,948	\$ 60,060	\$ 6,940	\$ 68,640	\$ 7,931	\$ 77,220	\$ 8,923
5	\$ 50,284	\$ 5,805	\$ 60,341	\$ 6,966	\$ 70,398	\$ 8,127	\$ 80,454	\$ 9,288	\$ 90,511	\$ 10,449
6	\$ 57,668	\$ 6,653	\$ 69,202	\$ 7,984	\$ 80,735	\$ 9,314	\$ 92,269	\$ 10,645	\$ 103,802	\$ 11,975
7	\$ 65,052	\$ 7,501	\$ 78,062	\$ 9,001	\$ 91,073	\$ 10,501	\$ 104,083	\$ 12,002	\$ 117,094	\$ 13,502
8	\$ 72,436	\$ 8,349	\$ 86,923	\$ 10,019	\$ 101,410	\$ 11,689	\$ 115,898	\$ 13,358	\$ 130,385	\$ 15,028

Please read carefully through the following requirements:

1. Ongoing Financial Aid Proof of Income – families applying annually for ongoing aid must provide a copy of their most recent tax return (form 1040). If significant changes have occurred since taxes were last filed or there are other extenuating circumstances, please note them separately for consideration.
2. Temporary Financial Aid may not require proof of income but must include a description of the Extenuating Circumstance Event (ECE) that has occurred. Examples include (not limited to): death in the immediate family, unplanned medical costs, loss of income.
3. Scholarship athletes and their families are expected to be exemplary members of the team. Scholarships are subject to termination following any second offense of the Code of Conduct by either swimmer or parents. Families can reapply for financial assistance the following season and disciplinary action will follow the guidelines in the annual Team Registration Packet.
4. All financial aid requests must be made in writing by completing the West Coast Aquatics Financial Aid application and turned in to the Treasurer or President of the Board. Verbal requests will not be taken.
5. Financial aid is not to be used to cover meet entry fees, team travel trips, equipment / food purchases, private lessons or clinics.
6. Financial aid may be discontinued or reallocated for any reason (team finances, team size, new swimmers, etc.) and at any time by the Board of Directors.
7. Ongoing Financial aid amounts will be determined in September and reevaluated on a monthly basis. Any changes to family income or the ability to pay must be immediately communicated to the President or Treasurer of the Board.
8. Any dishonesty or false statements in this application will result in immediate forfeiture of Financial Aid and may result in repayment of fees, dismissal from the program and banning use of the facility.

I have read, understand and agree to the above terms.

Printed Name: _____



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Signature: _____

Date: _____

Family Size:

Number of Household Family Members: _____

Application for Financial Aid: complete either the Ongoing Financial Aid or Temporary Financial Aid section based on your family's situation and need.

Ongoing Financial Aid:

Please complete the following section and attach a copy of your most recent tax return. Incomplete or inaccurate applications will not be considered. If you are applying for Temporary Financial Aid, please skip to the next section.

Total Annual Family Income: _____ *must match amount listed on 1040 form

Notes Regarding Family Income: _____

Temporary Financial Aid:

Please complete the following section. Incomplete or inaccurate applications will not be considered. Any dishonesty or false information may result in repayment of fees, dismissal from the program and banning use of the facility.

Extenuating Circumstance (E.C.) Event: _____

Effected Dates of E.C. Event: _____

Total Monthly Family Income BEFORE E.C. Event: _____

Total Monthly Family Income DURING E.C. Event: _____

Total Monthly Family Income AFTER E.C. Event: _____

Brief Statement Regarding E.C. Event and its impact on family income: _____



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Swimmer Information

Swimmer Name(s):	Training Group:	Monthly Training Fee:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Monthly Training Fees: _____

Total Scholarship Amount Being Requested: _____

I certify that the above information is truthful and accurate. I agree to immediately update the Treasurer or President of the Board with any changes to my family’s circumstance. I understand that any dishonesty, false statements, or failure to update changes may result in forfeiture of Financial Aid, repayment of fees, dismissal from the program and banning future use of the facility.

Printed Name: _____

Signature: _____ Date: _____