



Application for Hardship Assistance

Name of Applicant: _____

Name of Swimmer(s) _____

Assistance requested for (please \checkmark):

Training Fees

Competition Fees

Date of joining South Aberdeenshire Swimming (this is date joined member club):

List of voluntary services given to South Aberdeenshire Swimming:
(continue on back of form if necessary)

Details of financial hardship:

Accompanying evidence to support application:

Declaration

I declare that the information in this application is complete and accurate to the best of my knowledge and belief. I understand that this information may be verified by South Aberdeenshire Swimming. I understand that this application for assistance, and all details relating to it will be reviewed every three months, and that assistance may be stopped at any time.

Should there be a change in my financial circumstances, I will inform the South Aberdeenshire Treasurer immediately.

Signature of Applicant _____ Date _____