



RIVERSIDE WATER POLO



FINANCIAL AID POLICY and APPLICATION

PURPOSE

Riverside Water Polo (RWP), a 501(c) (3) non-profit organization is committed to offering quality programs to youngsters throughout the Southern California area. The purpose of the FINANCIAL AID program is to encourage the participation of young people with limited access or opportunity by assisting qualified applicants with program monthly tuition fees only. Please note an applicant who is awarded financial aid is still required to participate in club fundraising and volunteer hours. Tournament fees and RWP clothing are not part of the financial aid package. If necessary, you can request additional consideration for financial aid towards tournament fees and RWP clothing.

ELIGIBILITY

Qualification for full or partial financial aid will be determined by the evaluation of this application and of any of the following documents: **1) Federal Income Tax Return-1040 pages 1-2; 2) Department of Public Social Services approved application for Unemployment; or 3) Welfare or Food Stamp Program of the Household of the Applicant. Financial Aid Applications will not be processed without copies of the required financial documents.**

FINANCIAL AID FAMILY APPLICATION

Please fill out the information requested below and send this form in to the address listed on page two. **You must include a copy of at least one of the above listed documents. Individual W-2 forms and payroll receipts will NOT be accepted.** All information will remain strictly confidential. You may not apply for Financial Aid after you have registered and paid the full monthly dues: there are no retroactive refunds. Applications can be turned in any time throughout the year but must be submitted prior to 10 days of their athlete starting the following months practice. Please print.

Name:		Age:		New:		Returning:	
--------------	--	-------------	--	-------------	--	-------------------	--

Other brothers and/or sisters playing for RWP:

Name:		Age:		New:		Returning:	
Name:		Age:		New:		Returning:	
Name:		Age:		New:		Returning:	
Name:		Age:		New:		Returning:	

Total Number of People in the Household (must match attached forms): _____

Father's/Guardian Name:					
Mother's/Guardian Name:					
Home Address:				Apt#:	
City:		State:		Zip Code:	

Father's Contact Ph. #	()	Work Ph. #	()
Mother's Contact Ph. #	()	Work Ph. #	()

Household Gross Monthly Income:	\$
---------------------------------	----

NOTE: THIS APPLICATION APPLIES FOR ONE SEASON ONLY

I, the undersigned, hereby verify that the above and attached information is true, complete and accurate, and that Scholarships (full and partial) will be awarded on this information.

Signed:		Date:	
---------	--	-------	--

Return this COMPLETED FORM WITH REQUIRED DOCUMENTS to:

**Riverside Water Polo
P.O. Box 21321
Riverside, CA 92516**

You will be contacted by mail, email or phone and notified how much monthly tuition is due once your application is processed.

FOR BOARD USE ONLY

Date application received: _____ Scholarship Rate: _____

Documentation: 1040 _____ UNEMP: _____ FS/WELF: _____ Other _____

Date Approved: _____ Date Denied: _____