



METROPOLITAN SWIMMING, INC.

99 Sheep Pasture Rd
Port Jefferson, New York 11777
Phone: 631-736-6422 – Fax: 631-938-7418
Metro.office@metroswimming.org
<http://www.metroswimming.org>

Application for Distance Stipend

Must be submitted within 30 days of the meet –mail or email this form to above addresses

Club _____

Person making application _____

Address _____

I am applying for stipend for Distance Meet of (dates): _____

Today's Date _____ Sanction # _____

**** Distance meet was announced as "Distance Meet" at the Bid Meeting – yes – no (please circle)**

Signed _____

Required Events: 11-12 400 IM; 13-14 400 IM; 10-under 500 free; 11-12 500 free; Open 1650 free

The age groups in the 500 free and 400 IM may be combined but awards must be given for each age group – An Open 400 IM may be offered at the option of the host club

Dear _____:

Thank you for your request for a Metropolitan Swimming distance meet stipend. As you are aware, Metropolitan Swimming has a particular distance meet format that must be followed in order to receive your stipend. Clubs may only deviate from that formula and still receive a stipend provided they obtained specific Board approval prior to running their distance meet.

Below, you will find the status of your request:

_____ Your request for a stipend has been approved and your check is enclosed (check # _____)

_____ Your request for a stipend has been denied for the following reason(s): _____

Thank you for your continued support of Metropolitan Swimming.
Sincerely,

The Metropolitan Swimming Board of Directors