

**Metropolitan Swimming  
Outreach Application**

Metropolitan and USA Swimming offer a reduced registration fee for athletes from low-income families. The purpose of this program is to provide competitive swimming opportunities to the underrepresented and economically disadvantaged youth in the United States. The Outreach Program reduces the annual membership fee an athlete pays to \$5.00. Complete the Athlete Information section and either Section A-Proof of Income or Section B-Proof of Assistance and submit with the required documentation and membership application.

<b>Athlete Information</b>				
Date:	_____		Athlete's USA Swimming Registration ID:	_____
Name of Club:	_____		Club Code:	_____ LSC: _____
Athlete's Legal Name:	_____			
	Last Name	First Name	Middle Initial	Preferred Name
Athlete's Birth date:	_____	_____	_____	
	Month	Day	Year	
Athlete's Current Address:	_____			
	Address and Street	City	State	Zip Code
Home Phone Number:	_____	-	_____	
	(Area Code)			
	_____		_____	
	Signature of Parent or Guardian		Date	

**Section A: Proof of Income**  
 Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [source: Federal Reduced School Lunch income eligibility guidelines]

Number in Family	Gross Yearly Income
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
7	\$61,550
8	\$68,469
Over 8, add for each	\$ 6,919

**Section B: Proof of Assistance**  
 Attach a photocopy of an approved application for one of the following assistance programs

- |                                                                  |                                                               |                                      |                                                                 |
|------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Aid to Families with Dependent Children | <input type="checkbox"/> Social Security Disability Insurance | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance to Needy Families |
| <input type="checkbox"/> Supplemental Security Income            | <input type="checkbox"/> Women, Infant and Children's Program | <input type="checkbox"/> Medicaid    | <input type="checkbox"/> Children's Health Insurance Plan       |
| <input type="checkbox"/> Section 8 Public Housing                | <input type="checkbox"/> Home Energy Assistance Program       | <input type="checkbox"/> Other       | <input type="checkbox"/> Free/Reduced School Lunch              |

