

TUALATIN HILLS SWIM CLUB Financial Aid Application	rev2-25	
Head of Household:		
Address:		
City, State, Zip		
Phone Number:Email:		
Total household monthly income:		
You can qualify for THSC financial aid in one of three ways. (Select the		
box(es) for the documents you are submitting with this application.)	Federal Free Meal	
Please submit a copy of a current award letter for one of the following: 1Beaverton School District Free Lunch Program	Family Size	idelines Monthly Household Income
(approved for free meals, not reduced meals)2THPRD Financial Aid Program	1	\$1,316
2THERD FINANCIAL AID FLOGRAM	2	\$1,784
Or please submit a copy of proof of income using the:	3	\$2,252
3Federal Free Meal Income guidelines	4	\$2,720
A valid proof of income includes:	5	\$3,188
•Payroll Stub (last two months)	6	\$3,656
Child Support/Alimony AgreementSocial Security/Disability/Pensions Award Letter	7	\$4,124
Social Security/Disability/relisions Award Letter Unemployment Weekly Wave Benefit Letter	8	\$4,592
If none of these forms of documentation are available, please reach out to the to explore alternative options at financialaid@thunderboltswimming.org . Ref https://www.fns.usda.gov/schoolmeals/income-eligibility-guidelines for more Please provide the requested information for each swimmer seeking for swimmers must be listed to qualify for assistance.	er to information.	
Name	Birtho	late
I hereby certify that all information provided on this form is true, complete, of my knowledge, and that all sources of income have been fully disclosed. I information provided is being submitted to request financial assistance throu Program. I acknowledge that any deliberate misrepresentation or omission of in the denial of funds and may subject me to legal action, including prosecution.	understand to gh the THSC f information	hat the Financial Aid may result
Signature: Date:		