

# Hawaiian Swimming

## Senior Swimming LCM Championships, June 26-28, 2009 Request for Athlete Travel Subsidy

**ELIGIBILITY FOR TRAVEL SUBSIDY:** In order to qualify for a travel subsidy, athlete must meet the following criteria AND **submit all required materials**. Maximum subsidy is up to \$100 per athlete who qualifies. Incomplete applications will not be processed until all materials are received.

### ***Read, complete, and initial each item below:***

- ✓ Athlete must have been a member of Hawaiian Swimming by January 15<sup>th</sup> of the year for which the subsidy is requested.

*I have enclosed a proof of membership in Hawaiian Swimming in the form of a photocopy of a valid USA Swimming Membership card dated on or before January 15<sup>th</sup> of the current year.*

\_\_\_\_\_ (initial here)

- ✓ Athlete must be a current member in good standing of Hawaiian Swimming.
- ✓ Athlete must have participated in at least one Hawaiian Swimming Age Group or Senior Meet during the swimming season starting during the meet qualifying period.

Date \_\_\_\_\_ Meet \_\_\_\_\_ (initial here)

- ✓ Athlete must submit IRS form W9.

*I have enclosed a completed W9 form.*

\_\_\_\_\_ (initial here)

**\*\*Note:** If subsidy equals or exceeds \$600 in any given calendar year, an IRS 1099 Miscellaneous Income form will be issued to the athlete.

- ✓ Athlete must have permanent residency on a neighbor island (Not Oahu), and must have finished in the TOP 16 in any Senior Division Individual Event at the **Hawaiian Swimming Senior LCM Championships, June 26-28, 2009**. Please list at least ONE Event below in which you finished in the TOP 16 in the Senior Division.

Event \_\_\_\_\_ Place \_\_\_\_\_ (initial here)

To receive your subsidy, complete this application form, attach all required information, and submit them to Hawaiian Swimming by mail to the address below within 15 days following the conclusion of the meet. Incomplete or illegible applications will delay processing. Information is subject to verification by the Hawaiian Swimming's Board of Directors.

Athlete's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

E-mail Contact: \_\_\_\_\_ Phone: \_\_\_\_\_