

## **Swimming Scholarship Application**

(Must be completed by parent or guardian)

Date:/	
rent/guardian name:  ddress:  ty:  State:  Email:  ave you previously applied for a scholarship? Yes  No  If yes when:  te you requesting a scholarship for: (check one) Yourself  Your children  A family member  there a pool at the home? Yes  No   we many people in the household?	
	State:
City:	State: Zip Code:
Phone number:	Email:
Are you requesting a scholarship for: (a Is there a pool at the home? Yes \( \subseteq \) Now many people in the household? Ages of children:,	heck one) Yourself  Your children  A family member  o  A
Florida Medicaid  Florida Food As WIC  Section 8 Housing  Florida Food As	istance Program □ Free School Breakfast/Lunch □ da Summer Food Service □ Florida Head Start □
Annual household income level: \$5,000 - \$25,000 □ \$25,001 - \$30,00	0 □ \$30,001 - \$40,000 □ Over \$40,001 □
tion Foundation will pay the balance of tion Foundation may require 2 hours of manning a table at a community event, comply with the volunteer request will	the Basic Survival Swim Lessons. In addition the Florida Drowning Prev volunteer service per scholarship award. The volunteer hours may include fundraising, educational assistance, or assisting with event setup. Failure disqualify families from future scholarships. Scholarship recipients must a
Signature:	Date://
Print Name:	Relationship to participant
Official Use Only	
Date reviewed:/	nformation Verified: Yes □ No □
Application Accepted □ Rejected □	If rejected what reason:
Board members voting	

Email completed form to Terri Ballo at Terri@FLDPF.com.