**CHILDS INFORMATION**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: **M** / **F** Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List ANY Medical Conditions (surgeries, ear tubes, seizures etc.…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of day you will need your child’s lessons to be at: anytime between \_\_\_\_\_ and \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS INFORMATION:**

|  |  |  |
| --- | --- | --- |
|  | **MOTHER** | **FATHER** |
| **NAME** |  |  |
| **OCCUPATION** |  |  |
| **ADDRESS** |  |  |
| **CITY, STATE, ZIP** |  |  |
| **PHONE NUMBER** |  |  |
| **CHILDS RESIDES WITH:** |  |  |

Annual Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Child Support Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of adults in household \_\_\_\_\_\_\_ Number of children (17 or younger) in household \_\_\_\_\_\_\_\_\_\_

Would you be able to participate in a partial scholarship? \*\* **YES** OR **NO**

Maximum amount you contribute to tuition (per week per child) **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* We offer this option for families who do not qualify for a full scholarship or are able to contribute towards their child’s tuition so more children and families can benefit from the scholarship

1. Please provide a copy of proof of any of the following you may receive

* Free or reduced lunch (current letter of verification from food & nutrition)
* Head start student enrollment
* Temporary assistance for needy families
* Food stamps (copy of current enrollment)
* My foster child is receiving state or local funding (copy of court documentation)

1. MUST provide 4 weeks of all household income
2. Please answer the questionnaire in detail

I certify that all the information above is true and correct to the best of my knowledge and in the event, I am awarded a scholarship any unused portion will be returned to PediAquatics Scholarship Fund. I understand I will not be considered until proof of income is submitted. I understand that if I am awarded this scholarship I MUST comply with the rules and regulations of PediAquatics lessons and attendance policy or the scholarship will be withdrawn.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME SIGNATURE & DATE

**QUESTIONAIRE:** The eligibility committee gives careful consideration to each applicant on a case-by-case basis. We provide assistance to help our communities children who otherwise would not otherwise be able to financially afford these water survival swim lessons. Please remember these funds are limited and are provided from your community members so if you are able to contribute anything towards your tuition that will help us help more children. On another page, please explain in detail why you would like to be considered for this funding. Please let us know if you live near a body of water, have a pool, or a caretaker has either.