## Scholarship Application

Financial assistance is offered to individuals or families that show, based on income, that they are considered underserved. (Family income must be less than \$40,000 per year.)

- Each scholarship offers 12 consecutive weeks of swim lessons that are to be used for the selected quarter
- Scholarships will be granted once per student.
- A monthly family contribution of \$33 is anticipated on the 1st day of each month throughout the entirety of the scholarship period.

Please mail, or hand deliver application, along with one of the following:

- 1. Copy of your most recent pay stub
- 2. Copy of your most recent tax return
- 3. Copy of your federal lunch program
- 4. Your federal government food assistance voucher

You will receive an email once your application has been reviewed. The scholarship consists of 12 weeks of group lessons – one half-hour lesson per week.

## Participant Information: Ages 3-10

Families with more than one child are welcomed to apply for the scholarship, please submit one application **<u>per child</u>**.

Last name \_\_\_\_\_\_ First name \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_



## **Questionnaire:**

1. How would you rate applicants' swimming skills? A rating of 1 indicates a lack of experience while a rating of 10 signifies the ability to swim confidently without the need for assistance.

1 2 3 4 5 6 7 8 9 10

2. How often do you engage in swimming as part of your recreational activities

Rarely / Occasionally / Frequently

**Written Statement:** Please share with us why you feel you would be eligible for this scholarship to swim.





Please mail or hand deliver your completed application along with required documentation to:

Scholarship Department 4106 El Camino Ave Sacramento, CA, 95821

I understand that if awarded this scholarship, my child must attend each lesson at the designated time. If they miss two lessons, they will forfeit their scholarship. Any forfeit of scholarship will not receive a refund of the monthly \$33 family contribution.

Phone number associated with Little Whale account: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_

Print Name of Parent or Guardian:

Signature of Parent or Guardian:

Date: \_\_\_\_/\_\_\_/\_\_\_\_



