

Scholarship Reimbursement Form

For Use By Approved Swim Safe Forever Instructors Only

Please Complete this form and send to a SSF Scholarship Committee Member (by mail or electronic)

One Form Per Child

Instructor Information

Date Reimbursement Form Submitted: _____

Instructor Name: _____

Mailing Address: _____

Email: _____

Contact Phone #'s: _____

Applicant Information:

Applicant Name: _____

Date Applied for

Student Name: _____

Scholarship: _____

Please attach the Required Documents:

- 1) A testimony from the parent explaining their experience and skills their child achieved
- 2) A picture of the student fully skilled in clothes floating
- 3) An explanation if you are requesting more funds than originally approved for, or if the child completed lessons earlier than predicted.

Reimbursement Information

Amount Requested: \$_____

Amount Approved For: \$_____

For SSF Scholarship Committee Members ONLY

Amount of Approved SSF Scholarship \$_____

(Print & Sign) APPROVED BY:

(1) _____

(2) _____