

Scholarship Application Information

www.swimsafeforever.org

Swim Safe Forever was created by self-rescue technique instructors with the intent to educate our community about water safety and to provide a scholarship program to families in need. We believe that all families desiring self-rescue technique swim lessons should have the opportunity to receive lessons. In order to reach more of our community, we provide assistance to those in financial need. As much as we would like to provide each applicant with assistance, please be aware that **our Annual Scholarship Fund is limited**. Therefore, we are not able to award every applicant, **only those that meet the guidelines until the funds are depleted. Approvals are valid for 3 months following acceptance.**

Eligibility

- Assistance is granted on the basis of financial need. We consider **household income and number of legal dependents as the primary criteria**. While we understand that monthly expenses can be extensive, it is impossible to base scholarship awards on each individual budget.
- We believe that a sense of ownership and pride is developed if the participant contributes to the cost of his/her involvement. Therefore, **all scholarship recipients will pay a percentage of the program fees**.
- Scholarships are **granted for one session**. Upon expiration, the recipient must reapply. The original scholarship application information is valid for one calendar year after original approval.

Required Documents

A copy of the following documents must be provided to process the application.

For security measures please black out your SSN on all documents.

Incomplete applications will not be accepted.

- Driver's License
- Two current pay stubs (an additional two from your spouse if applicable)
- Your most recent tax return (e.g. complete 1040 form, federal tax return, not your W2 form).
- Letter explaining why you need assistance with supporting documentation if applicable. Share any extenuating circumstances that you feel should be considered when your application is being reviewed.

IF APPLICABLE PLEASE INCLUDE:

- A "Did Not File" taxes form (page 4 of this application)
- Social Security benefits statement
- Disability benefit statement
- Unemployment benefit statement
- Student Loan statement
- Child Support statement

Submission Instructions

- Please contact SSF for an email address, fax number, or mailing address of a scholarship committee member. Information for your local chapter can be found online at www.SwimSafeForever.org under your chapter's scholarship page.
- Completed applications will be processed within 5 business days.
- All information contained in the scholarship application will remain confidential, and will be destroyed after processing.

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SPOUSE'S EMPLOYMENT INFORMATION

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Hours Weekly:

INCOME INFORMATION

1) Total monthly income from employment (Amount Paid to you):	\$
2) Other income Paid to you (child support, public assistance, student loans, etc.):	\$
3) Total monthly income before taxes (Add lines 1 & 2 above):	\$

Have you ever received a scholarship from Swim Safe Forever? YES

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I hereby certify that the information in this application is true, accurate and complete to the best of my knowledge. I am aware that it is my responsibility to notify Swim Safe Forever in writing of any change in the information supplied on this application, as it may affect my eligibility for financial assistance. I understand that every part of this application must be completed and that I must provide adequate proof on income in order for my application to be processed. I understand that incomplete applications cannot be processed.

Signature of Applicant

Date

Printed Name of Applicant

Signature of Spouse

Date

Printed Name of Spouse

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“DID NOT FILE” TAXES FORM

I did not file a Federal tax return for the year: _____ because my income level (which excludes social security income) was below the Federal Filing requirements.

Signature of Applicant

Date

Printed Name of Applicant