



Safety First PediAquatics Lifeguards Scholarship Application

Dependent for whom you are requesting the scholarship:

Child's First Name _____

Child's Last Name _____

Date of Birth: _____ Current Age: _____ Gender: Male / Female

Child's Home

Address: _____

City: _____ State: _____ Zip: _____

Lives with: _____

Family Size in household: _____

Head of Household Requesting Assistance:

Father: _____

Mother: _____

Address: _____

City _____ State _____, Zip: _____

Phone #: _____ Alt. Phone#: _____

Email: _____

Are you currently Employed? _____ Full time/Part-time: _____

Employer: _____

Employer: _____

Total Household Monthly Income: _____

Wages: _____ Unemployment: _____ Child Support/

Alimony: _____ Food Stamps: _____ Pension/

Retirement: _____

Has your child been to any doctor other than their General Pediatrician for a wellness check-up, such as any specialist we need to be aware of? If so, please explain.

Please provide a copy of your most recent paystub, unemployment payment, or copy of your most recent Tax Return. Each application is carefully reviewed for consideration based on the needs of the applicant. We also ask that you attach any of the following documentation: *Proof that your family is receiving one or more of the following:

- Free or reduced lunch (current verification form)
- Temporary Assistance for Needy Families (TANF)
- Food Stamps (Copy of current award letter/card)
- WIC program (current two-sided card)
- Medicaid

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide assistance or income documentation as requested, thereby completing the application. I understand this financial assistance is short-term and will be reviewed regularly.

Signature: _____

Print: _____

Date: _____