



# SFPA Lifeguardian Scholarship Application



## **Dependent for whom you are requesting the scholarship:**

Child's First Name \_\_\_\_\_ 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: \_\_\_\_\_

Occupation, Employer: \_\_\_\_\_

Occupation, 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?

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Please provide a copy of your most recent paystub, unemployment payment, or copy of 2021 Tax Return. Each application is carefully reviewed for consideration based on the need of the applicate. 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 reduce lunch (current verification form)
- Temporary Assistance for Needy Families (TANF)
- Medicaid
- Food Stamps (Copy of current award letter/card)
- WIC program (current two-sided card)

**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: \_\_\_\_\_