

Applications for financial assistance for swimming lessons will be reviewed as they are received. The Swim For Life (SFL) Board will make determinations and provide notifications as applications are processed. Please include last year's federal income tax return (Form 1040) and, if applicable, all current month's pay stubs for all household members. If you did not file a Form 1040 last year, please provide Form 4506 to verify that you were not required to file taxes. Please see the list of additional documents that you may submit; these are not required but may assist the SFL Board of Directors in their decision-making process. Incomplete applications will not be considered. Scholarships will be applied to the Learn-to-Swim program at Snohomish Aquatic Center for group lessons designed for children in grades K–12, up to Level 4. Awards will cover 25% to 50% of the cost of a session of lessons.

Documentation	Source	Monthly Income	Documentation	Source	Monthly Income
<input type="checkbox"/>	Last year's federal income tax return		<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/>	Last month's pay stubs (for all household members)		<input type="checkbox"/>	Unemployment	
<input type="checkbox"/>	Social Security		<input type="checkbox"/>	Foster Care Stipend	
<input type="checkbox"/>	Disability		<input type="checkbox"/>	Housing Assistance	
<input type="checkbox"/>	Child Support		<input type="checkbox"/>	Other (list)	
<input type="checkbox"/>	DSHS Denial Letter		<input type="checkbox"/>	Total Monthly Income:	

Name _____		
Mailing Address _____		
Phone Number _____		
Email _____		
Ethnic Origin (optional) <input type="checkbox"/> Am. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or Pacific Islander		
Employer or School Name _____		
Household Size	Adults: _____	Children (under age 18): _____
Household Member Names:	DOB:	Employer/School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Do school-age children qualify for free or reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you be willing to give a testimonial about the benefit of a Swim for Life scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain why you would like to be considered for a Swim for Life scholarship. Include any special circumstances (i.e. medical bills, student loan debt, unemployment, disability, etc.):		
Indicate which day(s) of the week you would like to take lessons: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sat		
Have you ever received a scholarship from Swim for Life before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that the above information is true and complete to the best of my knowledge.		
_____		_____
Applicant Signature		Date