

Massi's Mission Swim Scholarship Application



**Completing a scholarship application DOES NOT register a child for a program.
Please contact the location offering swim lessons separately to register your child for lessons.**

To be completed by a parent or guardian – please print neatly.

YOUR NAME: _____

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

ADDRESS: _____

CITY/TOWN: _____

STATE: _____ ZIP: _____

PRIMARY TELEPHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

NUMBER OF FAMILY MEMBERS RESIDING AT ABOVE ADDRESS: _____

Cost for a full swim session is roughly \$120-180 based on the location, how many classes are in the session and if the session is private or group. Are you able to pay a portion of the swim lesson fees? If yes, how much can you pay for a full swim session?

Yes No AMOUNT \$ _____

ARE YOU ELIGIBLE FOR FREE/REDUCED-PRICE SCHOOL MEALS? Yes No

Authorization to Obtain Information

I, _____, am the legal parent or guardian of

_____. I give permission to authorize
FACES 4 Autism and related adapted swim lesson officials, if applicable, to verify
information on this application. I also understand that deliberate misrepresentation of
information subjects the applicant to be disqualified for scholarship consideration.

I hereby certify that all of the information provided in the Massi's Mission Swim
Scholarship Application and Parent Questionnaire is true and correct to the best of my
knowledge and belief.

SIGNATURE OF APPLICANT: _____

DATE OF SIGNATURE: _____

Please mail or email Application and Authorization to:

FACES 4 Autism
Attn: Massi's Mission Swim Scholarship
2900 Fire Road, Suite 101B
Egg Harbor Township, NJ 08234
facesgroup@comcast.net

STAFF USE ONLY

ORIGINAL FEE(S):

AMOUNT OF SCHOLARSHIP:

CONFIRMATION LETTER SENT:

AMOUNT TO BE PAID BY PARTICIPANT:

STAFF APPROVAL: