



# **SAMMY THE SALMON SWIM SCHOLARSHIP APPLICATION**

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent's First Name

\_\_\_\_\_  
Parent's Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Cell or Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Name of Child with Autism

\_\_\_\_\_  
Child's Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Annual Household Income

Please Note: If your request for the scholarship program meets our criteria, you will be asked to provide proof of annual household income

.....  
Please provide the name(s) and age(s) of sibling(s) currently living in same home (If any):

\_\_\_\_\_  
Please List any health concerns or medication your child is currently taking:

\_\_\_\_\_  
Please provide any therapies your child may be currently involved with:

\_\_\_\_\_  
Please provide the speech and developmental age level of your child:

\_\_\_\_\_  
Please let us know what special quality you would like for us to know about your child:  
\_\_\_\_\_  
\_\_\_\_\_

Super Swimmers Foundation is committed to offering the best care for your child. The Foundation is dedicated to providing swimming lessons in a safe and nurturing environment in order to help ensure your child is successful within their developmental age level

**UNTIL THE WHOLE WORLD SWIMS**

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