Scholarship Application



Applicant Name:		Date:	
Email address:			
Mobile phone:	Home/ Work phone:		
Home street address:			
		Zip:	
Household size: Adult #: Chil	dren #: Are you new to Wa	aterbabies Aquatic Program? 🗆 Yes 🗆 No	
If No, how long have you been swimmi	ng with us?		
Who would like swim lessons for? \Box S	Self □ Spouse/Partner □ Children		
Student Name:	Dat	Date of Birth:	
Student Name:	Date of Birth:		
Please describe your circumstance	es:		
	or reduced lunch program/WIC/Hopelin	• •	

Date:	_ Print:	_ Sign:	
Please return comple Waterbabies A ATTN: Scholar 17110 116 th Av Renton, WA 98	ship Manager ve SE, Suite D	to:	
Or scan and email to: <u>c</u>	office@waterabiesusa.com		
Office use only:			
Reviewed & contacte	ed by:	Date:	
□ Not eligible	Note:		
	% off tuition for		
Class Options:			
Notes:			

I certify that the information included in this application and attached documentation is correct to the best of my

knowledge.