## Elkhart Health & Aquatics

## **Group Swim Lessons Scholarship Form**

Beacon is committed to expanding access to swim lessons to all children in our community regardless of ability to pay.

## **General Guidelines**

- This opportunity is available for our Group Swim Lesson program.
- This form must be completed and returned to the Aquatics Coordinator no later than the Thursday prior to registration week. Information about upcoming sessions and registration dates can be found at beacon.health/swimlessons.
- Children under eighteen (18) years of age are eligible for this assistance.
- If applying for more than one (1) child in the family, a separate form is required for each child.
- Completion of this form does not guarantee a spot in a class. Our team will notify you if selected on how to
  enroll in lessons. Those who receive a scholarship must register for the class by 5pm on the Monday before
  registration opens to the public to guarantee a spot in the class.
- There are 10 scholarship opportunities per session which are selected at random from those who apply.
- Scholarships are non-transferable between participants or sessions and applicants must reapply for each session with a new application by the deadline.

Child's Name:				Age:
Name of Parent / Gu	uardian:			
Email Address:				
Phone Number:		Memb	er ID: _	
Session:				
Preferred Class Leve	l*:			
Parent & Tot	Preschool	Learn to S	wim 1	Learn to Swim 2
Learn to Swim 3	Learn to Swim 4	Learn to S	wim 5	
*For information about th beacon.health/swimlesso		help you detern	nine whic	ch level is best for your child, visit:
		For Office U	se Only	
Date Received:	Staff Initials:			
Selected: □ Yes □ No	Emailed: □ `	Yes□ No	Date	Emailed:
Enrolled: - Ves - No				