# City of Desert Hot Springs

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## SWIM SCHOLARSHIP APPLICATION

**Applicant Information:**

- Child's Full Name: _____
- Age: _____ Date of Birth: _____
- Parent/Guardian Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: _____ Email: _____

**Household Information:**

- Does your family receive any government assistance? (Check all that apply)
  [ ] SNAP (Food Stamps)
  [ ] WIC
  [ ] Medicaid
  [ ] Housing Assistance
  [ ] Other: _____

**Water Safety Background:**

- Does your child or family live near a large body of water (lake, ocean, river, canal, etc.)?
  [ ] Yes [ ] No
- Has your child or a close family member ever experienced a near-drowning incident?
  [ ] Yes [ ] No

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**Parent/Guardian Statement:**
Please explain why your family needs financial assistance and how this scholarship will benefit your child.

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_____

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**Agreement & Signature:**
I certify that the information provided in this application is true and complete. I understand that incomplete applications may not be considered. If selected, I agree to have my child attend all scheduled swim lessons/practices and follow the program's guidelines.

Signature: _____
Date: _____

FIRST 5 Riverside County Children & Families Commission