

Scholarship for Adaptive Aquatics Program

Please answer the below questions to help our scholarship committee accurately evaluate the need for financial assistance to the adaptive aquatics program. Use additional sheets of paper if needed. **Deadline to submit scholarship applications are August 12, 2011; December 16, 2011; and April 13, 2012.** Participants will be notified of scholarship award within two weeks after the deadline.

Applications will be evaluated on following criteria:

1. Diagnosis
2. Financial need
3. Distance from Children's Care
5. Number of siblings wanting to participate in lessons
6. Referral source

We seek (please check): Full or Partial assistance

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

Diagnosis of children with special needs: _____

Additional siblings wanting to participate in lessons:

Does the child/family receive any other financial assistance (example: Family Support Services funds, Children's Miracle Network)?
 Yes No If yes, for what and how much? _____

Who referred your child to the Adaptive Aquatics program? _____

Number of miles traveled round trip to attend adaptive aquatic lessons: _____

What other structured recreational or physical activity is the child involved in? _____

How would the child benefit from participating in the adaptive aquatics program at Children's Care? _____

Please mail completed application to: Attn: Megan Johnke, Children's Care Rehabilitation Center, 1020 W. 18th St., Sioux Falls, SD 57104 or fax to (605) 782-2401.

We are currently seeking grant funds and private donations for this scholarship program. Pending grant awards and donations, these scholarship funds are limited and are available for one year.



CHILDREN'S CARE