



Reaching Families Advocacy and Support Group

Scholarship Application

Scholarship for Summer Tutoring / Swimming

Please print clearly. Illegible applications cannot be considered.

Child's Information

Child's Name:

Birthday:

Age:

Sex:

Father's Name

Mother's Name

Address:

Email:

Phone:

Family Information

Please complete the information about your children

Name	Age	Diagnosis

Child's Diagnosis

Child's Diagnosis:

Date of Diagnosis:

Personal Statement of Income / Financial Status

Optional for first-time grant applicants. If you are applying for extended sessions, please complete this section.

Supplemental Security Income (SSI): \$

Checking Account: \$	Monthly House Payment: \$
Saving Account: \$	Other Monthly Bills/Loans: \$
Real Estate: \$	Monthly Insurance: \$
Home Value: \$	Monthly Utilities \$
Personal Property: \$	Medical Bills: \$
Automobile Values: \$	Automobiles Expenses: \$
Other Assets \$	Physician/Agency \$
Monthly Salary \$	Monthly other bills \$

RFASG is not responsible for finding a swim instructor or tutor.

Your provider must be qualified, experienced, and or licensed to provider tutoring or swim lessons.

This is a one-time grant for up to \$1.0000/child.

Swimming Provider or Tutor:

Name _____ **Phone Number** _____

Company or Agency _____ **Email** . _____

Please sign below to show that you agree with the above statement and that this information is accurate and given freely to expedite the grant.

Parent Name _____ **Parent Signature** _____