

THE GIFT OF SWIMMING

205 Windermere Road
Winter Garden, FL 34787
407-905-2815

APPLICATION

First Name

Last Name

Birth Date

Gender Female Male

Head Start or Day Care Center and Classroom Number U.S. Citizen? YES NO

City of Orlando Resident? YES NO Ethnicity (Please Circle): Black

White

Hispanic Other

The Eligibility Committee gives careful consideration to the needs of applicants. Explain why you should be considered for this funding. Attach any of the following documentation:

- a referral from your Doctor or Therapist for a physical or mental challenge
- or proof that your family is receiving **one or more** of the following:
 - free or reduced lunch (current verification letter from OPCS Food and Nutrition Services Department)
 - Orange County Head Start student enrollment
 - Temporary Assistance for Needy Families (TANF)
 - Food stamps (copy of current awards letter and card)
 - Women, Infants & Children (WIC) program (current two-sided card)
 - My foster child is receiving state or local funding (copy of court documentation).

Please include any special needs or medical personnel referrals. Attach a continuation sheet if necessary.

Parent information Home Phone _____ Cell Phone _____

Father: _____
Name

Mother: _____
Name

Address

Address

City, State, Zip

City, State, Zip

I certify that the information in this application is correct to the best of my knowledge, and in the event I am awarded funding, any unused portion will be returned to The Gift of Swimming.

Date

Signature of Parent or Guardian