



Step Into Swim Scholarship Grant Enrollment

Please fill out this form if you would like to participate in the Step Into Swim Scholarship Grant.

Please List Your Child(ren)'s Name

1. _____
2. _____
3. _____
4. _____

Parent's Name: _____

Address: _____

Date: _____

*Please note that it is first come, first serve. Once we hit our maximum amount, we can no longer accept applications.

OFFICE USE:

Date:	Amount Deducted:	Entered in Spreadsheet: <input type="checkbox"/>
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