



SWIM SCHOLARSHIP REQUEST 2018

First Name: _____

Last Name: _____

Phone Contact: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Client of Kern Regional Center: yes no SC Name: _____

Diagnosis of Autism: yes no

Age of Recipient: _____ Proof of diagnosis must be attached to this form.

1st time applying for scholarship with A.S. Kern: yes no

How did you hear of scholarship: _____

Swimming: American Kids Sports Center- 3622 Allen Road (only)

Name of Parent: _____

Date of Session: _____

Amount of Scholarship Approved: _____ (KAN to fill in) _____

Note: Recipient will be contacted once A.S. Kern Autism Network receives the completed form. All scholarships are based on proof of diagnosis of autism and financial need. All monies will be paid directly to the agency providing the service. A copy of the original event details must be attached to this form. Fax forms to: 661-489-3334 or scan the forms via email to kernautism@gmail.com.