



**SWIM SCHOLARSHIP REQUEST 2021  
APPLICATION DEADLINE: JUNE 16TH**

Childs 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** Proof of diagnosis must be attached to this form.

Age of Recipient: \_\_\_\_\_ Verbal or Non-verbal (circle one)

***Request for Scholarship Guidelines***

-Completing this application, you acknowledge that the organization Autism Society- Kern will **only be covering** the Private Lesson Fee. It is the responsibility of the parent to cover the Membership AKSC fee of \$39 by the given deadline of June 25<sup>th</sup>. Failure to do so will forfeit your award status and be null and void.

-Parent conduct at the AKSC site is asked as a courtesy of continuing community partnership with AKSC. Parents are asked to be respectful, patient and kind toward all AKSC staff or will be removed from the swim program and jeopardize our partnership with AKSC for the future.

-Parent signature is required that you agree with these terms.

Print Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Note: Parent will be contacted once Autism Society-Kern Autism Network announces those awarded. Incomplete forms or lack of documentation will not be accepted. All scholarships are based on diagnosis proof of autism and financial need. All monies will be paid directly to the agency providing the service. Fax forms to: 661-489-3334 or scan the forms via email to [kernautism@gmail.com](mailto:kernautism@gmail.com)

To be completed by Autism Society-Kern Office

Amount of Scholarship Approved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_