



**SWIM SCHOLARSHIP REQUEST 2022
APPLICATION DEADLINE: February 4th**

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 Kern Autism Network 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 Feb. 18th. Failure to do so will forfeit your award status and become canceled.

-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 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 The application and documentation can also be taken to our office. To be completed by Kern Autism Network Office

Amount of Scholarship Approved: _____ Date: _____ By: _____