



NATAVI SWIM SCHOOL

S.W.I.M. SCHOLARSHIP CRITERIA

Natavi swim school wants to enable all members of the community to learn how to safely be in and around the water. Due to this, Natavi has created a scholarship program for children diagnosed with Autism to provide financial aid to members of the community who may need it.

Application Criteria:

The Applicant/household wanting to apply for a scholarship must have an Autism diagnosis and currently receive one or more of the following benefits:

1. Free or Reduced-Price School Lunch Program, **OR**
2. Medicaid, SSI, TANF, WIC, Food stamps, or other public assistance programs.

Extenuating Circumstances:

There may be instances where an applicant is eligible for a swim lesson Scholarship due to situations not adequately addressed by the above applicant criteria. This may include things such as a job loss, death, divorce, illness, Injury, ect. If that is the case, please provide a detailed explanation and attach all supporting documentation, e.g. record, certificates, reports, 1040 tax form, paycheck stubs, ect.

Application Process:

1. Fill out the application at the end of this form.
2. Applicants may be asked to provide the latest tax return filing or verification of SSI payments to verify financial need.
3. The Applicant must complete the scholarship application and return with all supporting documentation to:
Natavi Swim School
275 SW Brookside Dr.
Grimes IA 50111
4. All applications must be received three weeks prior to the start of the requested session date.

Scholarship Approval Process:

1. Fully completed applications will be reviewed by the owner and management at Natavi
2. The owner will issue a decision approving or denying the applications.
3. The owner may return the application to applicant for clarification or request additional documentation.
4. The owner has the discretion to consider any additional information that is deemed relevant.
5. The funds available for the scholarships are limited. When the allocated funds reach a 90% exhausted level, no additional scholarships will be awarded until the fund is replenished.
6. Every reasonable effort will be made to protect privacy of scholarship applicants.
7. Scholarships will be awarded solely on the bases of financial need. There will be no special consideration given to athletic ability. Natavi will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientations, marital status or age.

8. Approved scholarships will be applied only to the session for which the scholarship was requested. Any future scholarship requests will require submission of a separate scholarship application.

Scholarship Responsibilities:

1. Anyone receiving a scholarship and failing to use it prevents another applicant from having a scholarship. Scholarship recipients **MUST** attend all the classes for which the scholarship was approved. Failure to attend classes may result in termination of the scholarship, and denial of future scholarships.
2. Recipients and their family members are required to comply with all Natavi rules and guidelines.
3. Failure to comply with scholarship responsibilities may result in termination of the scholarship, and denial of future scholarships.
4. If there is a legitimate reason that a recipient is unable to attend classes, a written explanation must be submitted as soon as possible to Natavi, along with necessary documentation (Such as a doctor's note)



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APPLICATION

Instructions

Please Complete all sections of this application and return it, **with supporting documentation**, to”

Natavi
275 SW Brookside Dr
Grimes IA 50111

Applications without documentation/proof of eligibility attached for one of the above mentioned programs will not be approved. Your application will be presented to the owner at Natavi for review and recommendation. Please understand that funds are limited and are allocated on the basis of need. There are a limited spots available for each session. Every reasonable effort will be made to keep your application confidential.

Applicant’s name: _____ Birth Date: _____ Sex: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Medical Information:

Does the participant have any medical condition of which the instructor should be aware of? YES NO

If yes; Please explain:

Please list all participants you wish to be a part of the scholarship:

- 1- _____
- 2- _____
- 3- _____
- 4- _____

Please list the timeline you wish to start

Please provide proof of eligibility for the following programs:

1. Reduced/Free lunch program; OR
2. Medicaid, SSI, TANF, WIC, Food Stamps, or other assistance programs
3. Copy of lates tax return or SSI check verification

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____