



# Teach a Child to Swim Scholarship Program

The City of Dallas Park and Recreation Department maintains a scholarship fund to help those who do not have the financial means to participate in swim lessons. *We believe every child should have the opportunity to learn lifesaving swimming skills regardless of the ability to pay.* The scholarship program is made possible through donations from businesses and individuals primarily through the water bill donation envelope program.

## ***Who is eligible for financial assistance?***

Residents of the City of Dallas may apply for financial assistance. Approval of the application is made on an individual basis. The amount of assistance is determined using a sliding scale based on the total household income and the number of people in the household.

## ***What type of information is required for the application?***

You will need to complete a scholarship application and provide proof Dallas residency (copy of water, utility or phone bill) **and** proof of participation in another qualified financial assistance program **or** household income (a recent pay stub from your employer or a copy of last year's tax return).

## ***What if I receive financial assistance from another agency?***

If you receive financial assistance from WIC, CHIP, TANF, SNAP or Medicaid you will be qualified for the scholarship program. You will need to supply proof of your current participation in one of the programs and will not be required to submit copies of pay stubs or tax returns.

## ***Is there a maximum scholarship amount that can be given?***

The typical financial award is \$40 per child, per year, which is the cost of one swim lesson session. Depending on the success of fundraising efforts, additional scholarships may be granted.

## ***Who will be reviewing my application?***

The Scholarship Coordinator will review your application to determine eligibility. All information is handled confidentially. Once the application and all supporting documents have been submitted, you will be contacted to review the outcome of your application.

## ***How do I apply for assistance?***

To apply, simply contact the Aquatics office to obtain an application, download one from our website or pick one up from your local community swimming pool. Once the completed application and supporting documentation has been submitted, the Scholarship Coordinator will review all documents and contact you within 5 working days of receipt to let you know if you have been approved.

## ***Once approved, how do I register for class?***

If approval is granted, the Scholarship Coordinator will contact you to complete your registration. If you have received a partial scholarship, you will be responsible for paying the difference. Registration is not complete until you have received confirmation from the Scholarship Coordinator.

***For more information, please contact:***

**Dallas Park & Recreation Department  
Aquatic Services Division  
833 Sunset Inn Circle  
214-670-1926**

[www.dallasaquatics.org](http://www.dallasaquatics.org)





# Teach a Child to Swim Scholarship Application

POOL: \_\_\_\_\_

HEAD OF HOUSEHOLD REQUESTING ASSISTANCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PHONE#: \_\_\_\_\_ ALT. PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Number of Adults living in the household \_\_\_\_\_ Number of Children living in the household \_\_\_\_\_

**Dependents who reside in your home** (please mark the names that are requesting a scholarship)

- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Course #: \_\_\_\_\_ Sect: \_\_\_\_\_
- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Course #: \_\_\_\_\_ Sect: \_\_\_\_\_
- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Course #: \_\_\_\_\_ Sect: \_\_\_\_\_
- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Course #: \_\_\_\_\_ Sect: \_\_\_\_\_
- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Course #: \_\_\_\_\_ Sect: \_\_\_\_\_

**Employment**

Are you currently employed? YES NO Occupation: \_\_\_\_\_

Employers Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Household Monthly Income**

**Wages:** \_\_\_\_\_

**Child Support/Alimony:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_

**Pension/Retirement:** \_\_\_\_\_

**Food Stamps:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Unemployment:** \_\_\_\_\_

**Total:** \_\_\_\_\_

*I affirm to the best of my knowledge that the above information is true and complete. I agree to provide assistance or income documentation as requested, thereby completing the application. I understand this financial assistance is short term and will be reviewed regularly.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

With this application, please attach the following supporting documentation:

1. Current proof of participation in WIC, CHIP, TNAF, SNAP or Medicaid  
**OR**  
A recent pay stub or a copy of last year's Federal Tax Return
2. Proof of Dallas residency (copy of water, utility or phone bill)

