



Every Child A Swimmer Scholarship Application Form

Every Child A Swimmer (ECAS), in partnership with Bulldog Swim School by ABSC, provides up to \$500 in scholarships to swimmers who are in financial need of assistance for learn-to-swim sessions.

Qualifications (must meet all requirements):

- Must be at a “learn to swim” level.
- Ages welcome – 2 years old and up.
- Must be able to **prove** financial need by showing proof of Medicaid card or meeting the current Income [Eligibility Guidelines](#) for low Income families as set by the U.S. Department of Housing and Urban Development for Clarke County and neighboring counties.

Procedure for application (**only one document is required**):

- Most recent tax return
- Last pay stub
- EBT card
- SNAP or WIC documentation
- Low-Income Housing form
- Foster family certificate (with a copy of photo ID)

Allow two weeks for us to review your application and notify you of the outcome.

You will receive an email regarding approval or denial of your application.

If approved, we will contact you by phone to discuss next steps, including scheduling and program options.

Lesson start dates are subject to schedule availability.

By accepting scholarship funds, parents/caregivers commit to attending all scheduled lessons to support the swimmer's success.

All information provided in your application will remain confidential.

Acknowledgement

- ☐ I understand that information about my swimmer's swimming skills may be exchanged between BSS by ABSC and ECAS.
- ☐ I understand that if I am awarded financial assistance, this program will become a priority and I will commit to swimming lessons during the scheduled period.
- ☐ I understand that swimming skill information and photos may be used with current and potential donors.
- ☐ I understand that photos of my swimmer during swimming lessons/at swimming facilities may be used for promotional material.
- ☐ I understand that I have one year to use my scholarship funds; after which funds will be forfeited.
- ☐ All information submitted on this application are true to the best of my knowledge.

By putting my name on the line below, I am declaring that I agree with the information above:



Name of Guardian: _____ Email: _____
Telephone: _____ Address: _____