

# Family Wellness Financial Aid Request Form: Swim School

The mission of Family Wellness is to inspire healthy lifestyles by connecting people in a fun environment. This mission drives us to provide healthy programming to the local community. Complete and submit this financial aid request form to see if you qualify for financial assistance for camps or programs. Completing this form does not guarantee your child a spot in camp. In order to ensure a spot is saved for your child a \$50 deposit is required. **Please submit only one application per family or household. FEE REDUCTIONS, IF APPROVED, ARE VALID FOR ONE YEAR. YOU MUST RE-APPLY ANNUALLY.**

## HOW TO APPLY:

### 1. Please submit the information listed below:

- Completed Financial Aid Request Form
- Proof/Letter of qualification of free or reduced lunches from your school

### 2. E-mail, mail, or bring the completed above items to:

- aquatics-famwellness@sanfordhealth.org
- Family Wellness Attn: Swim School Financial Assistance | 2960 Seter Parkway Fargo, ND 58104

Parent's Name: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## LIST ALL PARTICIPANTS IN HOUSEHOLD IN WHICH YOU ARE APPLYING FOR

Child's Name	Birthdate	List the season you want to be enrolled in (Winter, Spring, Summer or Fall)	Swimming Experience

Does your child qualify for free or reduced lunches at school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any special circumstances that may qualify your family for financial assistance? (medical issues, life changing events, etc.)

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## APPLICANT SIGNATURE

In completing this application and signing it, I certify that all of the information supplied to Family Wellness is true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date