Massi's Mission Swim Scholarship Application

Please PRINT in BLOCK LETTERS (CAPS) or TYPE all information for reading ease. THANK YOU! Some fields may auto-fill where applicable; these cannot be changed. Completing this application and parent questionnaire **DOES NOT** register the participant for swim lessons.

Guardian's Name (First and Last)		**Participant's Name** (First and Last)	
Mailing Address		**Participant's Date of Birth** (MM/DD/YYYY)	
City, State and Zip		**Guardian's Primary Phone** (###.###.####)	
Email Address		**Guardian's Cell Phone** (###.###.####)	
		Number of family members residing at the above address:	

The cost of a full swim lesson session is between $120 - $180. Are you able to pay a portion of the swim lesson fees? If yes, how much can you pay for a full eight week session?

Yes	No	**Amount**	$

Are you eligible for Free/Reduced-Price school meals?	Yes	No

I, _____, am the legal guardian of _____. I give permission to authorize FACES 4 Autism and related swim lesson officials, if applicable, to verify information on this application. I also understand that deliberate misrepresentation of information subjects the participant to be disqualified for scholarship consideration. I herby certify that all of the information provided in the Massi's Mission Swim Scholarship Application and parent Questionnaire is true and correct to the best of my knowledge and belief.

Guardian's Signature		**Date**	

Please mail or email (FACESGROUP@COMCAST.NET) Application and Questionnaire to:
FACES 4 Autism Attn: Massi's Mission Swim Scholarship 2900 Fire Road, Suite 101B Egg Harbor Twp, NJ 08234

Staff Use Only

Original Fee(s)	$	**Scholarship Amount**	$	**Participant Pays**	$
Confirmation Letter Sent on					
Staff Approval Signature					

Massi's Mission Parent Questionnaire

Please PRINT in BLOCK LETTERS (CAPS) or TYPE all information for reading ease. THANK YOU!

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Guardian's Name (First and Last)		**Participant's Name** (First and Last)	
Mailing Address		**Participant's Date of Birth** (MM/DD/YYYY)	
City, State and Zip		**Guardian's Primary Phone** (###.###.####)	
Email Address		**Guardian's Cell Phone** (###.###.####)	

Behavior

1. Level of participant's understanding?			**2.** How best can we instruct the participant in the water?	
a. Does the participant understand verbal cues?	Yes	No	a. What reinforcers work best?	
b. Is the participant verbal?	Yes	No	b. Any triggers we should be aware of?	
c. Does the participant require picture cues?	Yes	No	c. Favorite characters or shows?	
d. Does the participant understand hand motions?	Yes	No	**3.** Sensory concerns (i.e. sensitivity to sound or touch; seeks movement)	
e. Is there anything the instructors should know that will better help the participant understand him/her?			**4.** Does the participant have any behaviors that could potentially harm themselves or others (i.e. biting, scratching, thrashing). *** The participant will NOT be excluded from the program if he/she exhibits these behaviors. This question is to help us provide support for the participant.	
5. Is the participant toilet trained?	Yes	No		
6. Please provide the participant's therapist information if available to assist in the participant's swim lessons? (Name, email, phone, organization)				

Swim & Survival Skills

7. Is the participant comfortable in and around water?	Yes	No	If No, please explain.	
8. Has the participant previously received swim lessons?	Yes	No	If Yes, when and where.	
9. What is the participant's greatest strengths in/around water?			**10.** What is the participant's greatest deficits in/around water?	

The participant can comfortably (check all that apply):

	Enter water using ladder/steps.		Exit water using ladder/steps.
	Submerge mouth, nose, and eyes.		Submerge entire head.
	Blow bubbles out of mouther and nose.		Open eyes under water.
	Bob up and down in water three times.		Pick up submerged object with eyes open.
	Float on front with support.		Float on front without support.
	Float on back with support.		Float on back without support.
	Swim under water.		Jump into water over their head.
	Freestyle: Swim on front using combined arm/leg action with support.		Freestyle: Swim on front using combined arm/leg action without support.
	Backstroke: Swim on back using combined arm/leg action with support.		Backstroke: Swim on back using combined arm/leg action without support.
	Butterfly		Breaststroke
	Tread water		Dive into water from the side of the pool.

Additional Information

Please provide any additional information that would help us in instructing the participant in/around the water.