

**BABY OTTER SCHOLARSHIP and EDUCATION FUND, INC.**

A 501 (C) (3) Non-Profit Organization



954-384-1693  
888-SWIM-KID

6511 Nova Drive #159  
Davie, FL 33317

**SCHOLARSHIP APPLICATION**

Date: \_\_\_\_\_

Please check which application you are seeking:

\_\_\_ Underprivileged/Single Parent (Tax Returns Required)

\_\_\_ Special Needs (Disabilities) (Tax Returns Required)

Explain: \_\_\_\_\_

**PERSONAL INFORMATION**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If a minor, Parent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

List names and ages of other children or other dependents in your home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Have you received a scholarship from the Baby Otter Scholarship and Education Fund? If  
yes, please explain: \_\_\_\_\_

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## PRESENT EMPLOYMENT INFORMATION

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1. Parent's employment: \_\_\_\_\_

2. Other employment in household: \_\_\_\_\_

Job #1 (Position) \_\_\_\_\_ Job #2 (Position) \_\_\_\_\_

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

Co. Address \_\_\_\_\_ Co. Address \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Annual Household Income:

Annual Salary \$ \_\_\_\_\_ Dividends & Interest \$ \_\_\_\_\_

Tip/Bonus \$ \_\_\_\_\_ Real Estate Income \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

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## STATEMENT OF FINANCIAL CONDITION

### ASSETS: What you own:

|                    |                     |         |              |
|--------------------|---------------------|---------|--------------|
| Cash:              | Banking Institution | Address | Amount       |
| Savings:           | Banking Institution | Address | Amount       |
| Real Estate:       | Ownership           | Address | Market Value |
| Personal Property: |                     |         |              |
| Auto:              | Year                | Type    | Value        |
| Auto:              | Year                | Type    | Value        |

**TOTAL ASSETS: \$** \_\_\_\_\_

### LIABILITIES: What you owe:

Bills Owed:

|             |         |                |         |
|-------------|---------|----------------|---------|
| Lender Name | Address | Monthly Paymt. | Balance |
| Lender Name | Address | Monthly Paymt. | Balance |
| Lender Name | Address | Monthly Paymt. | Balance |

Landlord/Lender Name: \_\_\_\_\_

|         |                 |         |
|---------|-----------------|---------|
| Address | Monthly Payment | Balance |
|---------|-----------------|---------|

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## Other Debts:

| Name | Address | Monthly Payment | Balance |
|------|---------|-----------------|---------|
|      |         |                 |         |
|      |         |                 |         |
|      |         |                 |         |

**TOTAL LIABILITIES: \$** \_\_\_\_\_

Estimate your monthly living expenses (food, phone, utilities, etc.) \$ \_\_\_\_\_

**REFERENCES:** (Do not use anyone living in your home, family members, or anyone you listed above.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The information contained in this statement is solely for the purpose of obtaining a full scholarship for swimming lessons from The Baby Otter Scholarship and Education Fund, Inc. and will be kept confidential. The undersigned understands that the information provided herein is used only to decide whether to grant funding for you or your child's swimming lessons. The amount being granted is \$ \_\_\_\_\_ .

The undersigned represents and warrants that the information provided is true and complete and that Baby Otter Scholarship and Education Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is

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provided. Baby Otter Scholarship and Education Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant/Parent for minors: \_\_\_\_\_

Date: \_\_\_\_\_

**The following information is voluntary. It will not affect the decisions regarding this application. Please place an "X" in the appropriate box.**

I  will,  will not allow my or my child's photo or name to appear in any Baby Otter Swim School, Inc. or Baby Otter Scholarship and Education Fund, Inc. publications to promote the Baby Otter Scholarship and Education Fund.