

BABY OTTER SCHOLARSHIP and EDUCATION FUND, INC.

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



954-792-7929
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: _____

PRESENT EMPLOYMENT INFORMATION

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
_____	_____	_____	_____
Name	Address	Monthly Payment	Balance
_____	_____	_____	_____
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: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

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.