

# ONE BABY AT A TIME Scholarship Application

PLEASE COMPLETE ALL THE  
QUESTIONS IN ORDER TO APPLY  
FOR THE SWIMMING SCHOLARSHIP  
PROGRAM.

\*\*\* ATTACH REQUIRED DOCUMENTS IN THE "ATTACHMENTS"  
BUTTON AT THE BOTTOM OF THIS PAGE (To add additional  
documents, press the "ADD ANOTHER" button):

A copy of the following documents must be provided to process the  
application. (For security measures please black out your SSN on all  
documents) \*\* APPLICATIONS WILL NOT BE PROCESSED UNTIL  
ALL REQUIRED DOCUMENTS ARE SUBMITTED \*\*

- Driver's License
- Two current pay stubs (an additional two from your spouse/partner if applicable)
- Your most recent tax return (e.g. complete 1040 form, federal tax return, not your W2 form).

IF APPLICABLE PLEASE INCLUDE:

- A "Did Not File" taxes form - PROOF REQUIRED
- Social Security benefits statement Disability benefit statement
- Unemployment benefit statement
- Child Support statement

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\*\*\* PLEASE NOTE that One Baby at a Time scholarships are limited  
to families that truly cannot afford these lessons. The Foundation will  
carefully review every application and has the right to ask more

questions or not accept the application if we feel the submitted information is incomplete or contains some inaccuracies. We are looking for TOTAL gross household income, including money received from a significant other. If you are not married but have a significant other in the home, you must include them in the Spouse/ Partner field.

**Parent - Legal Guardian First Name \***

**Parent - Legal Guardian Last Name \***

**Parent-Guardian Date of Birth \***

**Parent-Legal Guardian Phone \***

**Add another**

**Parent-Legal Guardian Email \***

**Add another**

**Parent-Guardian Address \***

**Parent-Guardian CITY \***

**Parent-Guardian STATE \***

**Parent-Guardian ZIP CODE \***

**Spouse-Partner Full Name**

**Spouse-Partner DOB**

**Spouse-Partner Email**

**Add another**

**NEW or RENEWAL Application? \***

**NEW RENEWAL**

**DROWNING IN THE FAMILY \***

HAS YOUR CHILD EXPERIENCED A DROWNING, EITHER FATAL OR NON-FATAL (THAT REQUIRED AT LEAST ONE-NIGHT IN HOSPITAL) ?

**YES NO**

**DROWNING EXPLANATION**

IF THE ANSWER IS YES, PLEASE INCLUDE DETAILS OF THE EVENT LIKE NAME OF CHILD, DATE OF EVENT, AGE OF CHILD, CIRCUMSTANCES OF THE DROWNING.

**Legal Dependent 1 \***

PLEASE ENTER INFORMATION ABOUT YOUR DEPENDENTS

**Dependent 1 Date of Birth \***

**Legal Dependent 2**

**Dependent 2 Date of Birth**

**Legal Dependent 3**

**Dependent 3 Date of Birth**

**Legal Dependent 4**

**Dependent 4 Date of Birth**

**Legal Dependent 5**

**Dependent 5 Date of Birth**

**CHILD 1 TO RECEIVE LESSONS \***

Please enter the name of the child for whom you are requesting the scholarship for.

Child's age.

**Employer 1 \***

PLEASE COMPLETE INFORMATION ABOUT YOUR EMPLOYMENT.

**Supervisor 1 \***

**Employer 1 Phone \***

Mobile Work Home Main Work  
Private Fax Other

Add another

**Occupation 1 \***

**Length of employment 1 \***

**Weekly hours 1 \***

**Spouse-Partner Employer 2**

PLEASE ENTER THE SPOUSE EMPLOYER INFO.

**Spouse-Partner Supervisor 2**

**Spouse-Partner Employer 2 Phone**

Mobile Work Home Main Work  
Private Fax Other

Add another

**Spouse-Partner Occupation 2**

**Spouse-Partner Length of employment 2**

**Spouse-Partner Weekly hours 2**

**TOTAL MONTHLY INCOME (before taxes) \***

\*\*\* ENTER WHOLE NUMBER, WITHOUT COMMAS OR PERIOD, PLEASE \*\*\*

USDEUR

**OTHER INCOME (Child Support, Public Asst) \***

\*\*\* ENTER WHOLE NUMBER, WITHOUT COMMAS OR PERIOD, PLEASE \*\*\*

USDEUR

**FILED TAXES LAST YEAR?**

YES NO

**IF NO TAXES FILED- EXPLAIN**

**Ever received Scholarship from Live Like Jake? \***

Have you ever received a scholarship from the Live Like Jake Foundation, Inc.?

NO YES

**If YES, please explain**

**Lessons Time Preference \***

MORNING (8 am - 11 am)

AFTERNOON (11 am - 4 pm)

EVENING (4 pm - 7 pm)

NO PREFERENCE

**PERMISSION FOR CHILD'S NAME IN PHOTOS \***

PLEASE INDICATE IF WE MAY IDENTIFY THEIR NAME OR NOT.

ONLY by first name, last initial and ageMAY NOT be revealed in text in connection with the image(s)

**Have you taken a vacation - trip in the last 3 months? \***

YES NO

**If yes, please explain**

**Are you planning a vacation - trip in the next 3 months? \***

YES NO

**If yes, please explain**

**Do you currently have annual passes to any theme park? \***

YES NO

**If yes, please explain**

**HOW DID YOU HEAR ABOUT US? \***

One Baby at a Time Foundation

WEBSITE

FACEBOOK

PINTEREST INSTAGRAM

FRIEND REFERRAL

INFANT AQUATICS INSTRUCTOR OR ISR INSTRUCTOR

OTHER

**FRIEND OR OTHER REFERRAL'S NAME**

**ALREADY SPOKEN TO A SWIM INSTRUCTOR? \***

NO YES

**If YES, list instructor's name or business**

**WEEKLY AMOUNT YOU CAN AFFORD \***

USDEUR

**WHY DO YOU NEED THIS SCHOLARSHIP? \***

PLEASE EXPLAIN WHY YOU HAVE A FINANCIAL NEED TO REQUEST THIS SCHOLARSHIP.

**ATTACH REQUIRED DOCUMENTS**

\*\*\* UPLOAD REQUIRED DOCUMENTS IN THE "CHOOSE FILE" BUTTON BELOW (To add additional documents, press the "ADD ANOTHER" button): A copy of the following documents must be provided to process the application. (For security measures please black out your SSN on all documents) \*\*\* APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTS ARE SUBMITTED \*\*\* •

Driver's License • Two current pay stubs (an additional two from your spouse/partner if applicable) • Your most recent tax return (e.g. complete 1040 form, federal tax return, not your W2 form). IF APPLICABLE PLEASE INCLUDE: • A "Did Not File" taxes form - PROOF REQUIRED • Social Security benefits statement Disability benefit statement • Unemployment benefit statement • Child Support statement

**Attachments**

Add another

Submit