

Safety Swim Courses Application

Please note funding for Safety Swim Courses are **not guaranteed** and based on available resources.

If this is your first application for a financial award please attach:

- proof of an autism diagnosis
- proof of Fort Bend County residency
- invoice for services FROM service provider

If you are re-applying for a financial award please send in:


- invoice for services FROM service provider

If you do not provide all of the required information, your application may be declined.

For more details, or information, email contact@hopeforthree.org or visit www.hopeforthree.org

Thank you for the opportunity to serve your family.

Date: *

Date

Are you a new applicant or returning applicant?

- New
- Returning

General Information


Applicant and Guardian information

APPLICANT 1

Applicant Name: *

Award Amount Request : *

Birthdate of Child

Date

Ethnicity

APPLICANT 2

Applicant Name: *

Award Amount Request : *

Birthdate of Child

mm-dd-yyyy 

Date

Ethnicity

APPLICANT 3

Applicant Name: *

Award Amount Request : *

Birthdate of Child

mm-dd-yyyy 

Date

Ethnicity

APPLICANT 4

Applicant Name: *

Award Amount Request : *

Birthdate of Child

Date


Ethnicity

APPLICANT 5

Applicant Name: *

Award Amount Request : *

Birthdate of Child

Date

Ethnicity

Guardian/Parent Name: *

Phone Number *

Email: *

example@example.com

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Request for Funding

Summary of Request for Application: *

Provider Information

Provider: *

Phone Number

-

Area Code

Phone Number

Email *

example@example.com

Additional Documentation

Please attach the following documents per instructions at the beginning of the application

- proof of Diagnosis for each applicant only
 - required if new applicant
- proof of residency only
 - required if new applicant
- invoice from service provider