

**Friends of Stowe Adaptive Sports  
Adaptive Aquatic Scholarship  
Application Form**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name(s) if minor or guardian's name \_\_\_\_\_

Email: \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Second Phone number and contact \_\_\_\_\_

D.O.B. \_\_\_\_\_ Disability \_\_\_\_\_

Previous swimming experience \_\_\_\_\_

Where? \_\_\_\_\_

Describe level of current ability (strokes mastered, able to float, able to put face in water, etc.)

Adaptive Equipment used:

Describe how this scholarship would benefit you (for new applicants):

Describe how this scholarship has benefited you, being as specific as possible, and suggest any improvements to the program (for returning recipients):

All scholarships are expected to be used during the year awarded. Any unused portion will be put back into the scholarship fund at the close of the award year.

Applications can be emailed or mailed to the following:

Attn: Cynthia Needham  
President, Board of Directors  
Friends of Stowe Adaptive Sports  
PO Box 483  
Hyde Park, VT 05655  
(Phone) 802.279.1079  
Email: [info@stoweadaptive.org](mailto:info@stoweadaptive.org)

Application submitted by

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant signature, parent if minor, or guardian