



I certify that the information included in this application and attached documentation is correct to the best of my knowledge.

Date: \_\_\_\_\_ Print: \_\_\_\_\_ Sign: \_\_\_\_\_

Please return completed application with required attachment to:

Waterbabies Aquatic Center  
ATTN: Scholarship Manager  
17110 116<sup>th</sup> Ave SE, Suite D  
Renton, WA 98058

Or scan and email to: [office@waterabiesusa.com](mailto:office@waterabiesusa.com)

*Office use only:*

Reviewed & contacted by: \_\_\_\_\_ Date: \_\_\_\_\_

Not eligible Note: \_\_\_\_\_

Approved for \_\_\_\_\_% off tuition for \_\_\_\_\_ session

Class Options: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_