



PrimeWest Health Community Reinvestment Program

SWIMMING LESSON SCHOLARSHIP APPLICATION

APPLICANT: Full Name (Last, First, M.I.)			
Mailing Address	City	State	Zip
Email Address			
Primary Phone Number:	Type (cell, home)	Secondary Phone Number:	Type (cell, home)

SWIMMING LESSON INFORMATION
Please list the names and ages of all family members interested in participating in swimming lessons:
1.
2.
3.
4.
5.

Income Verification	
Are you or any household family member currently participating in any of the follow programs. Please check all that apply.	
Medicaid (MA)	
MinnesotaCare (MNCare)	
PrimeWest Health Programs	
Please provide your total household income. This information will be used to determine eligibility for swimming lesson scholarships in the event that you do not participate in any of the above programs.	
Total Household Income:	

Agreement and Signature
By signing below, I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of a swimming lesson scholarship or revocation of the scholarship if already issued.
Signature:
Date:

Submission Instructions:

Please review your application to ensure all information is accurate and complete. You may submit this application in person at the following locations:

Dawson City Hall**In Person**

675 Chestnut Street, Dawson MN

By Mail

PO Box 552, Dawson MN 56232

Dawson Aquatic Center**In Person**

123 1st Street, Dawson MN

Via Email

Hillary.tweed@cedausa.com

CONFIDENTIAL