



**INDEPENDENT  
POOL & SPA  
SERVICE ASSOCIATION, INC.**

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## **IPSSA SWIM FUND**

### **Application**

**Chapter Name:** \_\_\_\_\_

**Swim Lesson Facility Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Number of Persons to be Funded:** \_\_\_\_\_

**Submitter's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submitter's Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

The IPSSA Swim Fund is available on a first come first served basis while funds exist. A chapter may submit an application once per calendar year. The fund will match the chapter's check amount up to \$500.00. Please enclose a copy of the chapter's check and a copy of the swim lesson facility's invoice with the application.

Please email the completed form and attachments to:  
memberservices@ipssa.com or Fax# 888-391-6203