



# 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 to:

**IPSSA Inc @ [memberservices@ipssa.com](mailto:memberservices@ipssa.com)**

