



LIVE LIKE JAKE FOUNDATION, INC  
Scholarship Application Information  
[www.LiveLikeJake.com](http://www.LiveLikeJake.com)

Live Like Jake Foundation, Inc. was created by Keri and Roarke Morrison in honor of their son, Jake Morrison, who passed away as the result of a tragic drowning accident. One of the Foundation's main missions is to promote drowning awareness and water safety. In order to accomplish this, we encourage self-rescue technique swim lessons. We try to help minimize the costs of the lessons for those in financial need by granting scholarships. Please note these scholarships are for families that truly cannot afford the lessons.

### **ELIGIBILITY**

- Assistance is granted on the basis of financial need. We consider household income and number of legal dependents as the primary criteria. While we understand that monthly expenses can be extensive, it is impossible to base scholarship awards on each individual budget.
- We believe that a sense of ownership is developed if the participant contributes to the cost of his/her involvement. Therefore, scholarship recipients may pay a percentage of the program fees.
- Scholarships are granted for one session for up to 6 weeks of lessons. Upon expiration, the recipient must reapply. The original scholarship application information is valid for 6 months after original approval.

### **REQUIRED DOCUMENTS**

A copy of the following documents must be provided to process the application. **(For security measures please black out your SSN on all documents) INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

- Driver's License
- Two current pay stubs (an additional two from your spouse/partner if applicable)
- Your most recent tax return (e.g. complete 1040 form, federal tax return, not your W2 form).
- Letter explaining why you need assistance with supporting documentation if applicable. Share any extenuating circumstances that you feel should be considered when your application is being reviewed and the weekly amount you can afford toward the lessons.

### **IF APPLICABLE PLEASE INCLUDE:**

- A "Did Not File" taxes form (page 4 of this application) **PROOF REQUIRED**
- Social Security benefits statement Disability benefit statement
- Unemployment benefit statement
- Child Support statement

### **SUBMISSION**

- Please send completed application and supporting documentation to [livelikejake@gmail.com](mailto:livelikejake@gmail.com) **OR** mail to Live Like Jake Foundation, Inc., P.O. Box 31652, Palm Beach Gardens, FL 33420 **OR** fax to 561-658-2969.
- Completed applications will be processed within 10 business days. Once your application has been approved, an instructor in your area will be contacted, and you will be notified in a timely manner.
- All financial information contained in the scholarship application will remain confidential, and will be destroyed after processing.



LIVE LIKE JAKE FOUNDATION, INC.

Scholarship Application

www.LiveLikeJake.com

\_\_\_\_\_ Date

\_\_\_\_\_ Parent First Name

\_\_\_\_\_ Parent Last Name

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth

Is this scholarship a renewal or new application?  New  Renewal

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Home Phone Number

\_\_\_\_\_ Alt. Phone Number

\_\_\_\_\_ Email Address

**LEGAL DEPENDANTS**

Names	Date of Birth
Spouse/Partner:	
Children:	

**REQUESTING SCHOLARSHIP FOR:**

Child's Name	Age	New student or refresher

**EMPLOYMENT INFORMATION**

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Weekly Hours:

**SPOUSE/PARTNER'S EMPLOYMENT INFORMATION**

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Weekly Hours:

LIVE LIKE JAKE FOUNDATION, INC.

**INCOME INFORMATION (DO NOT LEAVE BLANK)**

1) Total Monthly Income	\$
2) Other <b>Income</b> (child support, public assistance, etc.)	\$
<b>Total Monthly income BEFORE taxes</b>	<b>\$</b>

Have you ever received a scholarship from the Live Like Jake Foundation, Inc.?  Yes  No

If yes, please explain: \_\_\_\_\_

What is your preference for lessons: Morning  8 – 11 am Afternoon  11 – 4 pm Evening  4 - 7 pm No Preference

How did you hear about LLJ? \_\_\_\_\_

Have you already spoken with a swim instructor?  Yes  No

If yes, please list their name: \_\_\_\_\_

If no, please visit [infantswim.com](http://infantswim.com) to ensure there is an ISR instructor in your area

Weekly amount you can afford toward lessons **(DO NOT LEAVE BLANK)**: \_\_\_\_\_

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

**I hereby certify that the information in this application is true, accurate and complete to the best of my knowledge.** I am aware that it is my responsibility to notify Live Like Jake Foundation, Inc. in writing of any change in the information supplied on this application, as it may affect my eligibility for financial assistance. I understand that every part of this application must be completed and that I must provide adequate proof on income in order for my application to be processed. I understand that incomplete applications cannot be processed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Spouse/Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Spouse/Partner

**RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

I, on behalf of myself, my child, my heirs, executors, administrators, successors, and/or assigns, as a condition of receiving financial support from Live Like Jake Foundation, Inc. for my child to participate in self-rescue swim lessons, waive all claims for any personal injury, death, loss of health, financial loss or damage to property occurring during, or as the result of my child's participation in self-rescue swim lessons. Furthermore, I indemnify, hold harmless and affirmatively release Live Like Jake Foundation, Inc., its program staff and their affiliates, principals, employees and/or agents for any such loss, damage, injury or liabilities. This release of liability includes any claims made against Live Like Jake Foundation, Inc. related to my child's participation in self-rescue swim lessons with an independent instructor. I understand risks are associated with self-rescue swim lessons. I waive all claims against the Foundation as described above without limitation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Spouse/Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Spouse/Partner

**“DID NOT FILE” TAXES FORM (IF APPLICABLE)**

I did not file a Federal tax return for the year: \_\_\_\_\_ because my income level (which excludes social security income) was below the Federal Filing requirements. **MUST SHOW PROOF**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Spouse/Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Spouse/Partner

**DIGITAL RELEASE FORM FOR MINOR CHILDREN**

I, being the Parent/Legal Guardian of \_\_\_\_\_, hereby consent to the use of images, depictions, and recordings notated below of the above named minor by Live Like Jake Foundation Inc. their assigns or successors at its sole discretion. I, with my signature below, acknowledge that such photographs, films, recordings and videos shall be the property of Live Like Jake Foundation, Inc. and they shall have the right to duplicate, reproduce, and make other uses of such media as notated below as they may desire free and clear of any claim whatsoever.

- Photographs
- Videotape
- Digital images

of my child for use in promotional or educational materials as follows:

- Printed publications or materials
- Electronic publications or presentations
- Website ([www.LiveLikeJake.com](http://www.LiveLikeJake.com))
- Facebook pages

I agree that my child's name and identity (Please choose one):

- May be revealed ONLY by first name, last initial and age, or
- May **not be** revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Live Like Jake Foundation, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Partner

\_\_\_\_\_  
Date