



Massi's Mission Swim Scholarship

Drowning is among the leading causes of death among children with autism. **FACES 4 Autism** wants all children to enjoy the water safely regardless of financial circumstances or abilities. FACES 4 Autism is proud to offer **Massi's Mission**, a swim scholarship program for families in need. To be considered for financial aid for youth swimming lessons, the applicant must fill out the Massi's Mission Scholarship Application, and mail the registration form along with supporting documentation. Please let us know which adapted swim program your child is interested in attending, and register for a class.



Massimo Barrera is Paul and Sandi D'Amato's water-loving grandson who has autism. Massi's Mission began when Paul and Sandi saw the critical need in our community to teach children with autism basic safety and survival skills in the water.

The ultimate goal of each program is to create a comfort level for families, teach basic safety and improve survival skills in the water for all attendees.

1. Fill out the Scholarship Application.
2. Provide documentation of eligibility for free/reduced-price school meals.
3. Mail or email completed registration form & supporting documentation to:

FACES 4 Autism
P.O. Box 2341
Ventnor, NJ 08406
information@faces4autism.org

FACES 4 Autism is in the process of reaching out to local aquatic centers in hopes that we can create an environment open to offering adapted sensory swim experiences for all. If you know of a local organization, please let us know, and we will contact them to set up a scholarship offering in their swim program. Massi's Mission endorsed programs will offer supported, adapted, engaged and knowledgeable swim lessons for all. The endorsed programs will be open to the public as well as scholarship recipients.



SCHOLARSHIP GUIDELINES

1. Scholarship money is available to families with youth on the autism spectrum who qualify for free or reduced lunch per the Atlantic/Cape May County School District Guidelines. Applicant must present qualification letter from their School District along with the scholarship application. If applicant does not qualify for free or reduced lunches, applicant must include a letter stating: name, address, scholarship request, and why the scholarship is requested. Additional supporting documentation may be required upon review.
2. Scholarship recipients must be residents of: Atlantic or Cape May County.
3. FACES 4 Autism reserves the right to verify all information contained on the application form, in order to grant, deny, or revoke any scholarship monies.
4. Only the Massi's Mission scholarship administration staff will review the application form, in order to maintain strict confidentiality.
5. Applicants will be notified what they will receive with their scholarship.
6. Scholarships may be awarded based on the following maximums:
 - a. Lessons – up to two (2) sessions per child. A session is a minimum of 6 lessons.
 - b. Additional lessons may be requested and will be considered only if scholarship funds are still available.
7. Funding for the Massi's Mission Swim Scholarship Assistance Fund comes from donations to FACES 4 Autism, a 501 C 3 non-profit organization in Atlantic County, NJ.

**Special thanks to the D'Amato and Barrera families
for their generosity and establishment of this scholarship program.**

Massi's Mission Swim Scholarship Application



**Completing a scholarship application DOES NOT register a child for a program.
Please contact the location offering swim lessons separately to register your child for lessons.**

To be completed by a parent or guardian – please print neatly.

YOUR NAME: _____

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

ADDRESS: _____

CITY/TOWN: _____

STATE: _____ ZIP: _____

PRIMARY TELEPHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

NUMBER OF FAMILY MEMBERS RESIDING AT ABOVE ADDRESS: _____

Cost for a 6-week swim session is roughly \$150. The cost is higher for an 8-week session.
Are you able to pay a portion of the swim lesson fees? If yes, how much can you pay for a six-week session?

Yes No AMOUNT \$ _____

ARE YOU ELIGIBLE FOR FREE/REDUCED-PRICE SCHOOL MEALS? Yes No

Authorization to Obtain Information

I, _____, am the legal parent or guardian of

_____. I give permission to authorize
FACES 4 Autism and related adapted swim lesson officials, if applicable, to verify
information on this application. I also understand that deliberate misrepresentation of
information subjects the applicant to be disqualified for scholarship consideration.

I hereby certify that all of the information provided in the Massi's Mission Swim
Scholarship Application and Parent Questionnaire is true and correct to the best of my
knowledge and belief.

SIGNATURE OF APPLICANT: _____

DATE OF SIGNATURE: _____

Please mail or email Application and Authorization to:

FACES 4 Autism
Attn: Massi's Mission Swim Scholarship
P.O. Box 2341
Ventnor, NJ 08406
imosca@faces4autism.org

STAFF USE ONLY

ORIGINAL FEE(S):

AMOUNT OF SCHOLARSHIP:

CONFIRMATION LETTER SENT:

AMOUNT TO BE PAID BY PARTICIPANT:

STAFF APPROVAL:

Massi's Mission Swim Lesson Parent Questionnaire



***Completing a scholarship application DOES NOT register a child for a program.
Please contact the location offering swim lessons separately to register your child for lessons.***

To be completed by a parent or guardian – please print neatly.

YOUR NAME: _____

CHILD'S NAME: _____

ADDRESS: _____

CONTACT PHONE NUMBER: _____

BEHAVIOR

1. Does your child understand verbal cues? Picture cues? Hand motions? All of the above?
2. How best can we help your child when instructing him/her in the water? What reinforcers work best with your child? Does your child have any triggers that we should be aware of? Does your child have a favorite character(s) or show(s) which motivates him or her?
3. Does your child have any sensory issues that we should know about (i.e. sensitive to sounds or touch; seeks movement) and if so, is there anything in particular that helps him/her stay organized and calm?
4. Do you have a therapist that would be available to assist your child at the swim lessons?

SWIM & SURVIVAL SKILLS

5. Please indicate your child's current comfort level in and around water?

Comfortable or Uncomfortable

6. Has your child previously received swim lessons? If so, when and how long?

7. What do you see as your child's greatest strengths in or around the water?

8. What do you see as your child's greatest deficits in or around the water?

9. My child can comfortably: (please check all that apply)

- Enter water using ladder/steps
- Exit water using ladder /steps
- Submerge mouth, nose, and eyes
- Submerge entire head
- Blow bubbles out of mouth and nose
- Open eyes under water
- Bob up and down in water 3x
- Float on front with support without support
- Float on back with support without support
- Pick up submerged object with eyes open
- Swim on front using combined arm and leg action with support without support
- Swim on back using combined arm and leg action with support without support
- Swim under water
- Jump into shoulder deep water
- Jump into water over their head
- Tread water
- Breaststroke
- Butterfly
- Dive into water from the side

Please use the section below to tell us anything you believe would be helpful for us to know regarding the instruction of your child in and around the water.
