

Lincoln Water Safety Program

A Collaboration between Autism Family Network and Josh the Otter



Autism Family Network



Application for Financial Assistance

Client name: _____

Annual Household income: _____

(submit copy of most recent income tax)

Household size: _____

Any extenuating circumstances: _____

Phone: _____ Email: _____

Return this form with along with copy of most current income tax to:

Autism Family Network 307 North 46th Street Lincoln NE 68503

Or via email to: autismfamilynetworklincoln@gmail.com

This scholarship covers up to \$30 of each lesson.

This scholarship covers up to 20 lessons per individual.

Parents approved for financial assistance through the Autism Family Network are responsible for a \$10 copay per lesson at the time of the lesson.