

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: _____

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

Autism Family Network

6500 Holdrege Street

Lincoln NE 68505

Or via email to: autismfamilynetworklincoln@gmail.com

This scholarship covers \$30 of each lesson.

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