

RENEWS & JIM SOROKA WATER SAFETY FUNDS  
**Memorial Hospital Water Safety Scholarship**  
**Application for Assistance Form**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If a minor, list school name and town: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address if different from mailing address: \_\_\_\_\_

If someone other than the applicant is submitting this application, please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Please explain your need for financial assistance:

\_\_\_\_\_  
\_\_\_\_\_

What are you requesting a scholarship for and who will receive the benefit: (swim lessons, life vest for Joe Smith, etc.):

\_\_\_\_\_

**Please note that we will only write checks out to organizations teaching swimming or Saco Bound for life vests. We cannot write foundation checks to individuals!**

Names and contact information of the organization (school, rec center, other) we will be writing the check to for swim lessons; or write in Saco Bound, 2561 East Main St., Center Conway, NH if purchasing life vests.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**If applying for swimming lessons, please include proof of cost of swim school (i.e. registration/order form or brochure).**

**Mail this application along with copies of proof of residency to:**

RENEWS & JIM SOROKA WATER SAFETY FUNDS  
**Memorial Hospital Water Safety Scholarship**, c/o Ethnee Garner, Memorial  
Hospital, 3073 White Mountain Highway, North Conway, NH 03860  
[egarner@memorialhospitalnh.org](mailto:egarner@memorialhospitalnh.org)