## Greater Victoria Advanced Aquatic Assistance Program

## Who is eligible?

This program is open to anyone 16 years old+ who can demonstrate financial need.

## How does it work?

Selected recipients will receive 100% of their course fees covered throughout their progress towards achieving their National Lifeguard and Water Safety Instructor certifications for one calendar year. Participants must satisfy age eligibility and prerequisite conditions of each course—please refer to the Program Services Guide at your local recreation center for course-specific details.

## How do I apply?

- Complete the scholarship application form (attached)
- Provide a cover letter describing: previous experience (volunteer/community development/aquatic courses already taken), why you think you should receive funding, what you hope to achieve
  - Submit your application package (with both of the above) to one of the facilities listed below:

Crystal Pool and Fitness Centre Gordon Head Recreation Centre

Esquimalt Recreation Centre Juan de Fuca Recreation Centre

Oak Bay Recreation Centre Panorama Recreation

Saanich Commonwealth Place SEAPARC Leisure Complex

This program is brought to you in partnership with:

**Training** 

**Partner** 



Application For	·m					
Applicant Name:						
Guardian Name (if ap	plicable) :					
Address:						
Home Phone:			Work Phone:	Work Phone:		
Email:						
Birthdate:	11		Gender:			
	yy mm	dd				
Number of children in	Number of children in the family:		Gross annual family income:			
Area of Residency:	(circle one)	Oak Bay	/ Saanich / Victo	oria / Peninsula /	Esquimalt / Sooke	
Are you a L.I.F.E. par	ticipant:	Yes / No				
Are you able to contr	ibute a portion	of the course	fees: Yes / N	o		
If yes what amount:	Ç	\$0 - 24	\$25 - 49	<b>\$50 - 74</b>	Over \$75	
(Ab	ility to make per	sonal contributi	ion will not affect e	eligibility to the pro	ogram)	
articipant Agr	eement:	•				
		-	• •		ments below and will abide by scholarship program.	
I, Scholarship Program		agr	ee to the followir	ng if accepted in	nto the Advanced Aquatics	
1. I am 15 years of ag	ge (or older) on	the date of ap	oplication to this	program.		
2. I will arrive on time	for all classes	and/or volunt	eer shifts.			
3. I will come prepare	ed for all my cla	asses and/or v	olunteer shifts.			
4. If I am sick and car	າnot attend, I w	rill contact the	designated pers	son at my spons	or facility.	
5. I will provide proof	of age and pre	erequisites at e	each advanced a	aquatic course I	attend.	

- 6. I understand that 100% attendance is required.
- 7. I will uphold professional behaviour as a participant in the program.
- 8. I understand that, if accepted, my funding within this scholarship program will be granted for one year from the date of my acceptance letter.

I have reviewed the above agreement and agree to meet all the conditions outlined:

Advanced Aquatic Assistance Applicant Signature	Date	
Guardian Signature (if under 18 years old)	Date	

This collection of personal information is authorized under the *Local Government Act*, Community Charter and section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information included will be used for processing this application.