



Erin's Star, Inc. was created by Cara Bean in honor of her daughter, Erin Bean, who passed away as the result of a tragic drowning accident. One of the organization's main missions is to promote childhood drowning awareness and water safety. We encourage parents and caregivers to seek self-rescue swimming lessons for their children. The scenic Southern Maryland landscape beckons us to enjoy the outdoors where bodies of water are prevalent. Considering the geography and population of this area, there is a definite need for these lessons. There is a shortage of certified Infant Swimming Resource (ISR) Instructors in Southern Maryland trained to provide these valuable life saving water safety skills. Erin's Star is pleased to offer grants for ISR Instructor training.

### **ELIGIBILITY**

- Assistance is granted on the basis of financial need. We consider household income and number of legal dependents as the primary criteria.
- There must be a need in your area for lessons as well as no more than one ISR instructor in the immediate area.
- Applicant must be approved by ISR Careers/Expansion Department. This means the applicant must complete the two ISR phone interviews and market analysis.

### **REQUIRED DOCUMENTS**

A copy of the following documents must be provided to process this application. (**For security measures please black out your SSN on all documents**) INCOMPLETE APPLICATIONS **WILL NOT** BE ACCEPTED.

- Driver's License
- Two current pay stubs (an additional two from your spouse if applicable)
- Your most recent tax return (e.g. complete 1040 form, federal tax return, not your W2 form).
- Grant Proposal: a letter explaining how the Erin's Star grant will help you achieve your vision and goals as a new ISR instructor. Share any extenuating circumstances (financial or other) that you feel should be considered when your application is being reviewed. Supporting documentation may be included if applicable.
- **IF APPLICABLE PLEASE INCLUDE:**
- A "Did Not File" taxes form
- Social Security benefits statement Disability benefit statement
- Unemployment benefit statement
- Child Support statement



## **SUBMISSION**

- Please send completed application and supporting documentation to [info@erinsstar.org](mailto:info@erinsstar.org) with the subject: Instructor Grant Application
- All financial information contained in the scholarship application will remain confidential and will be destroyed after processing.

## **SERVICE REQUIREMENTS**

The purpose of this grant is to increase the number of self-rescue swim instructors in Southern Maryland. Therefore, we respectfully request that applicants carefully consider their plans for the next several years. While we cannot require instructors to stay in the area, we encourage individuals who intend to relocate to seek financial assistance through other sources that are not geographically linked.

- Instructor will provide lessons in the Southern Maryland area (St. Mary's, Charles, Calvert, and/or Prince George's Counties) for a minimum of 2 years.
- Instructor will complete and maintain the International Board of Credentialing and Continuing Education Standards (IBCCES) Aquatics - Autism Certificate training program within 3 years of becoming a certified ISR Instructor. This is an internet-based training course completed at your own pace. The course fee is approximately \$100 paid directly to IBCCES. You can learn more information about the course by visiting - <https://ibcces.org/aquatics-professional-certification/>
- Instructor will acknowledge and share Erin's Star content on social media outlets.
- Instructor will host a Facebook Fundraiser for Erin's Star during Autism Awareness month (April) or Water Safety Awareness month (May) and/or volunteer at an Erin's Star local fundraiser event. Must complete two of the aforementioned fundraisers within 2 years of becoming a certified ISR Instructor.
- Instructor will complete ISR Instructor training and student scholarships (see below) or Erin's Star will be reimbursed the amount paid towards ISR training.



### **MISSION FORWARD OBLIGATION**

To further the mission of Erin's Star, ISR Instructor will provide student scholarships to children in the SOMD community within two years of certification.

Please choose **ONE** of the following options.

\*\*\*If you are completing this application in advance of being vetted and approved by ISR, you may select your preference below, however your final Erin's Star, Inc. grant amount will be determined once ISR has completed their hiring process and all contracts have been completed.

- Instructor will provide ten (10) ISR Pay-it-Forward scholarships over a two year period. (Instructor is granted a \$4,500 tuition discount from ISR. Each student receives - at no cost - 1 initial set of lessons and 2 sets of refresher lessons) Pay-it-Forward eligibility is determined by ISR during their hiring process. Erin's Star, Inc. does not guarantee ISR approval of participation in their Pay-it-Forward program. If an Instructor is approved and chooses to participate in the ISR Pay-it-Forward program, the Instructor will receive a **\$5,000** Erin's Star, Inc. ISR Instructor grant paid directly to ISR on the Instructor's behalf.

**OR**

- Instructor will provide ten (10) Erin's Star, Inc. scholarships over a two year period. Each student will receive 1 initial set of lessons and 2 sets of refresher lessons at 50% of the instructor's regular tuition rate. The instructor will receive a **\$4,000** Erin's Star, Inc. ISR Instructor grant paid directly to ISR on the Instructor's behalf.



Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Last Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Birth Date

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Email Address

**LEGAL DEPENDANTS**

Names	Age
Spouse/Partner:	
Children:	

**EMPLOYMENT INFORMATION**

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Weekly Hours:

**SPOUSE/PARTNER'S EMPLOYMENT INFORMATION**

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Weekly Hours:



**INCOME INFORMATION**

1) Total Monthly Income	\$
2) Other <b>Income</b> (child support, public assistance, etc.)	\$
<b>Total Monthly income before taxes</b>	<b>\$</b>

\*NOTE: Erin's Star, Inc. takes into consideration the cost of living in Southern Maryland, including the average cost for daycare and housing expenses. As noted in section "Required Documents" (Page 1) applicants have the opportunity to share extenuating circumstances in their grant proposal letter.

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

I hereby certify that the information in this application is true, accurate and complete to the best of my knowledge. I am aware that it is my responsibility to notify Erin's Star, Inc. in writing of any change in the information supplied on this application, as it may affect my eligibility for financial assistance. I understand that every part of this application must be completed and that I must provide adequate proof of income in order for my application to be processed. I understand that incomplete applications cannot be processed.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Applicant

For Office Use Only			
Received_____	Reviewed_____	Approved_____	Not Approved_____