

# Water for a Warrior Application/Nomination



## Contact Information or Applicant/Nominee

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

## Qualifying Criteria

There will be many factors considered when selecting the final recipient. However, at a minimum, the following is required:

- ☐ Recipient Must Own Their Home
- ☐ He/She Must Have a Physical Impairment that Will Benefit from Hydro-Therapy
- ☐ Must hold a Status of Active Duty OR Veteran
- ☐ Must submit copy of DD214

## Branch of Service and Current Status

- ☐ Army
- ☐ Navy
- ☐ Marines
- ☐ Air Force
- ☐ Coast Guard
  
- ☐ Active
- ☐ Veteran
- ☐ VA Rating

## Nature of Injury

Please let us know what the nature of the injury(ies) is and what event led to the current condition.

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### Personal Statement

Please let us know why you believe having this pool would benefit you physically and enhance your daily living and quality of life.

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### Person to Notify in Case of Emergency

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

### Agreement and Signature

By submitting this application/nomination, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that all submissions will be reviewed and that a "short list" of candidates will be created. As of that point, a site visit will be required prior to final recipient being named. Any, statements, omissions, or other misrepresentations made on this application may result in disqualification.

|                              |  |
|------------------------------|--|
| Applicant/Nominator(printed) |  |
| Signature                    |  |
| Date                         |  |

Thank you for completing this application/nomination form and for your interest in our project.

Should you have any questions, please feel free to contact us.

Please submit this form VIA e-mail, fax or postal mail to:

Jennifer Bishop  
916-781-7665 – Ofc  
916-257-8236-Cell  
[jennifer@coolpools.org](mailto:jennifer@coolpools.org)  
916-577-9778-Fax  
1079 Sunrise Ave., Ste. B, #224  
Roseville, CA 95661