



CORPORATE SPONSORSHIP 2021

INTRODUCTION

The John Apple Swim Fund is currently seeking corporate sponsors for 2021. We are a community nonprofit, all volunteer organization that is geared towards raising money for Lancaster County swimmers. The John Apple Swim Fund is the only organization in Lancaster that focuses solely on raising funds for local swimmers. Our Swim Fund was established in 2013 and we've already had the opportunity to award fourteen scholarships. By becoming a sponsor, you'll be helping us raise money so we can continue to award scholarships and financial aid for many years to come. Let's work together and make a difference in our young swimmers' lives!

JOHN APPLE SWIM FUND

The John Apple Swim Fund is an all-volunteer non-profit 501(c)(3) organization. All donations are tax deductible. 100% of every dollar goes directly to the expenses of meeting our mission.

CONTACT

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Web: johnappleswimfund.org
EIN: 47-2287042

MISSION

The John Apple Swim Fund encourages Lancaster County swimmers to pursue their dreams by awarding scholarships to those in need of financial support.

OVERVIEW

Becoming a successful swimmer demands more than just talent. Dedication, hard work, and a desire to excel are also required. In addition, financial support may be needed to advance to the next level. Athletes who can make the commitment to swim year round must bear the costs for team membership, training, apparel, equipment, meet fees and travel. Motivated swimmers who do not have the resources to continue in the sport should not be left behind. The goal of the John Apple Swim Fund is to create opportunities for Lancaster County swimmers to pursue their dreams.



JOHN APPLE SWIM FUND
Supporting Swimmers. Accelerating Goals.

CORPORATE SPONSOR

\$500

- Logo on Home page of Swim Fund’s website
- Logo and recognition on annual newsletter (circulated to 500 individuals)
- Logo included on all email campaigns
- Event Sponsor

Submit this form along with a check made payable to “John Apple Swim Fund” to the address below.

CONTACT INFORMATION

Name: _____ Title: _____

Organization: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____

Please return completed form to:

Mindy Ascosi, President
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