



Application for Scholarship

Child's Name: _____ Date of birth _____

Parent or Guardian: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Ph.: _____ Work Ph.: _____

Parent E-mail: _____

School your child currently attending: _____ Grade: _____

Please check all that apply and **provide a copy of the notification letter from the Connecticut State Department of Education Office of Child Nutrition or comparable proof of eligibility. Please do not send income tax returns or pay stubs.**

_____ My child is approved for free or reduced meals/milk.

_____ My child has received a scholarship for SoundWaters Programs in the past.

If your child has received a SoundWaters scholarship previously please indicate for which program(s) and dates of attendance:

<u>Program</u>	<u>Year Attended</u>
_____	_____

Program you would like to apply for in 2017 _____
(only one camp session per applicant, please) (e.g. Bluefish #3)

I certify that all of the above information is true and correct. I understand that this information is being given for consideration of receipt of a camp scholarship, and that SoundWaters staff may verify the information on the application.

Signature: _____ Date: _____

Please submit this Application with the proof of eligibility to SoundWaters. Once submitted, please call (203) 406-3319 to find out the results. If a scholarship is granted, a \$30 per child nonrefundable registration fee will be required during online registration.