

Application for SRI Scholarship

(Please fill out one form for each child)

| Child's Name: | Date of Birth: | |
|--|--|----------------|
| Parent/Guardian Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Parent/Guardian E-mail: | | |
| Phone: | | |
| School your child is currently attending: | | Grade: |
| Annual household income: \$ | How many people live in your he | ousehold? |
| Are you receiving financial aid from any governmen | nt assistance programs? (check a | ll that apply) |
| SNAP HUSKY | HEADSTART | OTHER |
| Has your child received a SoundWaters scholarship Program Name | | |
| Session you are applying for: | | |
| ☐ Spring Cohort: Monday/Wednesday: January 29 th - | - April 25 th | |
| ☐ Spring Cohort: Tuesday/Thursday: September Janu | uary 30 th – April 25 th | |
| ☐ Spring Break Week: April 15 th – April 19 th | | |
| ☐ Summer Cohort Session 1: June 17 th – June 28 th | | |
| ☐ Summer Cohort Session 2: July 8 th – July 19 th | | |
| ☐ Summer Cohort Session 3: July 22 nd – August 2 nd | | |
| ☐ Summer Cohort Session 4: August 5 th – August 16 th | th | |
| I attest the information I have provided is accurate provide supporting documents which may include financial information. | | |
| Signature: | Date: | |

Please submit this Application with the proof of eligibility by:

- Email: <u>scholarship@soundwaters.org</u> or
- Fax: (203) 967-8306

Please allow seven business days for your application to be processed. We will contact you via the e-mail address provided in this application. If a scholarship is granted, a non-refundable registration fee of \$60 will be required during online registration.