



Application for 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 household? _____

Are you receiving financial aid from any government assistance programs? (check all that apply)

SNAP HUSKY HEADSTART OTHER

Has your child received a SoundWaters scholarship in the past? If yes, please indicate for which program(s):

Program name(s): _____ Year(s) attended _____

I attest the information I have provided is accurate and true. I agree that, if requested by SoundWaters, I will provide supporting documents which may include tax returns, government forms, and/or other personal financial information.

Signature: _____ Date: _____

Please submit this Application with the proof of eligibility by:

- Email: kboback@soundwaters.org or
- Phone: (203) 323-1978

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 \$50 will be required during online registration.