

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.