



Application for Scholarship

(Please complete one form per child)

Child's Name: **Date of Birth:**

Parent/Guardian Name:

Address:

City: **State:** **Zip:**

Parent/Guardian E-mail:

Phone:

School child is currently attending: **Grade:**

Annual household income: **Number of people in 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, indicate which program(s).

Program name: **Year(s) Attended:**

Program you are applying for in 2023

- Fall Adventure Grades 1-5 **Tuesdays** (Located at Cove Island Park)
- Fall Adventure Grades 1-5 **Wednesdays** (Located at Cove Island Park)
- Fall Adventure Grades 6-8 **Thursdays** (Located at Boccuzzi Park)

I attest the information provided is accurate and true. I agree to provide supporting documentation, including tax returns, government form, and/or other personal financial information, upon request by SoundWaters.

Signature: _____

Date: _____

Please submit this application with proof of eligibility by:

Email: scholarship@soundwaters.org 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 \$30 for Fall Adventure Series will be required during online registration.

SoundWaters – 1281 Cove Rd., Stamford CT. 06902 – (203) 406-3306

SoundWaters.org