



Application for Financial Aid

(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).

☐ Young Mariners Academy Year(s) Attended:

☐ Camp SoundWaters Year(s) Attended:

Program you are applying for:

☐ Young Mariners Academy

☐ Camp SoundWaters Preferred week :

(one week per applicant, e.g: Bluefish #3)

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 financial aid is granted, a non-refundable registration fee of \$30 for Camp SoundWaters and/or \$90 for Young Mariners Academy will be required during online registration.

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

SoundWaters.org