



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: aimrie@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.