



Application for Scholarship

Child's Name: _____ Date of birth _____

Parent (Guardian) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent E-mail: _____ contact phone _____

School your child currently attending: _____ Grade: _____

_____ My child is approved for free or reduced meals/milk. If yes, please send us a copy of the **Parent Notification Letter from the State Department of Education Office of Child Nutrition** or comparable proof of eligibility.

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

Young Mariners Academy Year attended _____

Camp SoundWaters Year attended _____

- Program you would like to apply for in 2019:

Young Mariners Academy

Camp SoundWaters, session preferred (dates) _____
(one camp session per applicant, e.g. Bluefish #3)

- I certify that all of the above information is true and correct.

Signature: _____ Date: _____

- Please submit this Application with the Parent Notification Letter from the Department of Education by:
 - Fax: (203) 967-8306 or
 - e-mail: camp@soundwaters.org or
 - mail: 1281 Cove Road, Stamford, CT 06902

Once submitted, please allow 5-7 business days for your application to be processed. We will contact you by e-mail provided in this application. If a scholarship is granted, a non-refundable registration fee will be required during online registration: \$30 for Camp SoundWaters, \$150 for Young Mariners Academy.