



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 E-mail: _____ Phone: _____

School your child is currently attending: _____ Grade: _____

_____ My child is approved for **Free or Reduced Lunch** by the school district

_____ My child is approved for **SNAP**

_____ My child is approved for **HUSKY** health insurance

Please provide a copy of the document proving eligibility to the checked program.

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

Young Mariners Academy Year attended _____

Camp SoundWaters Year attended _____

Program you are applying for in 2020:

Young Mariners Academy

Camp SoundWaters: Preferred week _____

(One week 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 proof of eligibility 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 the 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.