



Application for Science Stars Scholarship

(Please fill out one form for each girl)

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: _____

Is your child approved for the Free or Reduced Lunch Program, SNAP, or HUSKY?

____ YES ____ NO

Please provide a copy of the document confirming approval with your application.

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

Signature: _____ Date: _____

Please submit this Application with the proof of eligibility by:

- Email: jcastoro@soundwaters.org
- Fax: (203) 967-8306
- Mail: SoundWaters Science Stars Scholarship, 1281 Cove Road, Stamford, CT 06902

Please allow 7 business days for your application to be processed. We will contact you via the e-mail provided in this application. If a scholarship is granted, a non-refundable registration fee of \$35 will be required during online registration.