



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: _____

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.

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

Young Mariners Academy Year(s) attended _____

Camp SoundWaters Year(s) attended _____

Program you are applying for in 2022:

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:

- Email: scholarship@soundwaters.org or
- Fax: (203) 967-8306 or
- Mail: SoundWaters Summer 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 will be required during online registration: \$30 for Camp SoundWaters, \$150 for Young Mariners Academy.