



# Application for SRI 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 \_\_\_\_\_ Year(s) attended \_\_\_\_\_

Session you are applying for:

Monday/Wednesday: September 18<sup>th</sup> – December 14<sup>th</sup>

Tuesday/Thursday: September 19<sup>th</sup> – December 14<sup>th</sup>

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: [scholarship@soundwaters.org](mailto:scholarship@soundwaters.org) or
- Fax: (203) 967-8306

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 \$60 will be required during online registration.