



Application for Scholarship Camp SoundWaters 2012

Child's Name: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

School Attended 2011-2012: _____

We are only able to offer one session of camp per child. Please indicate which session you are applying for: _____

Please check all that apply and **provide a copy of the notification letter from the Connecticut State Department of Education Office of Child Nutrition or comparable proof of eligibility. Please do not send income tax returns or pay stubs.**

_____ My child is approved for free meals/milk.

_____ My child is approved for reduced priced meals/milk.

_____ My child has received a scholarship for SoundWaters Camp Programs in the past.

If your child has received a SoundWaters scholarship previously please indicate for which program(s) and dates of attendance:

<u>Program</u>	<u>Date Attended</u>
_____	_____
_____	_____

I certify that all of the above information is true and correct. I understand that this information is being given for consideration of receipt of a camp scholarship, and that SoundWaters staff may verify the information on the application.

Signature: _____ Date: _____

Please send this application, proof of eligibility and the completed Summer Camp Registration form with the session you wish to enroll in to SoundWaters. Applications cannot be considered until all necessary forms are completed and received in the office. If a scholarship is granted, a \$25 per child nonrefundable registration fee is required.