



## Application for Scholarship 2010 Camp SoundWaters Summer Programs

Parent or Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School Attended 2009-2010 : \_\_\_\_\_

Please check all that apply and **provide a copy of notification letter from 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 appropriate summer program registration form to SoundWaters Registrar. Applications cannot be considered until all necessary forms are completed and received in the office.**