|  |
| --- |
| **C**otee **R**iver **E**stuary and **W**atershed Summer CampScholarship Application |
|  |  |  |  |  |  |  |  |
| **Student Identification Information** |  |  |  |  |
| Student Name |       |  | Grade |       |  | Date of Birth |       |
| School |       |
| Mailing Address |       |
|  |       |       |       |
|  | City | State | Zip |
| Parent/Guardian Work Phone: |       | Home Phone: |       |
| Cell Phone: |       | eMail Address: |       |

[ ] American Indian [ ]  Asian [ ]  Hispanic [ ]  White [ ]  African American [ ]  Other

**Household Type:**

[ ]  Single-Parent Family [ ]  Two-Parent Family [ ]  Extended Family [ ]  Foster Care

**Check all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Unemployed Parent | [ ]  Migrant | [ ] Recent Death in Family | [ ]  High Medical Bills |
| [ ]  Parent Handicapped/Disabled | [ ]  2 or More Siblings | [ ]  Other At-Risk Factors: |       |

**Household Information:**

Applicant lives with:

[ ]  Mother [ ]  Stepmother [ ]  Father [ ]  Stepfather [ ]  Other:

**Number of Siblings:**       Brothers       Sisters

**Please list Persons Living in the Home other than Student/Applicant:**

[ ]  Grandmother [ ]  Guardian [ ]  Grandfather [ ]  Ward of Court

**Employment Information**

|  |  |
| --- | --- |
| Household Mother’s/Guardian’s Name: |       |
| Current Employer: |       |
| Occupation/Title: |       |
| # of years with Current Employer: |       | Monthly Income: $  |       |

|  |  |
| --- | --- |
| Household Father’s/Guardian’s Name: |       |
| Current Employer: |       |
| Occupation/Title: |       |
| # of years with Current Employer: |       | Monthly Income: $  |       |

**Financial Information**

What is your yearly **household** income? $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to receive any social service? Yes [ ]  No [ ]

If yes, check the services you currently receive: [ ]  Welfare [ ]  Food Stamps [ ]  Medicaid [ ]  Medicare

Is your child eligible for the free/reduced lunch program? Yes [ ]  No [ ]

If yes, check: Free [ ]  Reduced [ ]  No [ ]  Other [ ]       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Statement**

**Must be completed by parent(s)/guardian(s) (Use separate sheet if necessary)**

Apart from financial considerations, how could this program benefit your child?

Please include your goals, aspirations and hopes for your child’s future.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Please list below any special family situations that might be relevant to your child’s success at school (divorce, serious illness in the family, loss of employment, DCF involvement, homelessness, etc.).