|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C**otee **R**iver **E**stuary and **W**atershed Summer Camp  Scholarship 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.).