



Aquatic Adventure Camp at Taunton Bay Scholarship Application

Child(ren) Name (s) _____

Date _____

Parent/Guardian Name _____ Relationship to child: _____

Mailing Address _____ City _____

State _____ Zip _____ Country _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Employer _____

Current household # of Adults _____ # of children _____

Monthly household income \$ _____

Monthly federal, state, or local assistance income received, if applicable \$ _____

Please explain any extenuating circumstances that relate to your child's need for a scholarship:

Aquatic Adventure Camp at Taunton Bay strives to provide as much financial assistance to as many families as possible through donations from Friends of Taunton Bay and tuition subsidies from the Town of Sullivan. Friends of Taunton Bay is a nonprofit organization committed to research, education, and advocacy for the community regarding the Taunton Bay Region. We request that families contribute the maximum amount their budget can manage which enables more campers to afford their camp experience.

How much can you contribute toward your camper's experience? \$ _____

Please provide a reference to someone who can speak on your behalf about receiving a scholarship:

Name: _____ Phone: _____ email: _____

To the best of my knowledge, the above information is correct.

Signature: _____

Date: _____

Include this scholarship application form with your camp registration form.

Mail or deliver to: Sullivan Town Office, 1888 US Highway 1, Sullivan, ME 04664

This application will be reviewed and you will be contacted concerning eligibility. All financial information remains confidential. If you have any questions, please email us at info@friendsoftauntonbay.org.