

SANDWICH CHILDREN AND YOUTH FUND

Instructions: Please fully complete this form and *return via:*

- **Email:** sandwichchildrenandyouthfund@gmail.com, or
- **Secure Drop Box** (available 24/7): back entrance to Town Hall, 8 Maple Street, or
- **Mail:** SCYF Applications, PO Box 95, Sandwich, NH 03227

ALL Information is REQUIRED

Applicant Name (Parent or Guardian) _____

Home Address: _____

Mailing Address: _____ Zip Code: _____

Phone: _____ Best time to call: _____

Email: _____

Name, age, and school/child care program of child/children requesting assistance.

Name of Child	Age	School/Child Care Program Currently Attending

Please list the program for which you wish to receive financial assistance.

Name of Program: _____

Mailing Address: _____

Contact Person: _____

Contact Phone: _____ Email: _____

Dates of Involvement: Beginning: _____ Ending: _____

Total Cost of Program: _____ Amount of Assistance Requested: _____
(hourly/weekly/monthly rate)

Other Information: _____

By submitting this application I / we certify that our family resides in Sandwich, NH.

Applicant Signature: _____ Date: _____