SANDWICH CHILDREN AND YOUTH FUND

The Sandwich Children and Youth Fund serves children from Sandwich. This fund is intended to provide scholarships for children up to the age of 26 to participate in day and overnight summer camp programs, education, licensed child care programs, and other enrichment programs.

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Applicants are encouraged to apply during one of the two scholarship cycles. The first cycle provides funds for the school year (September 1st to June 30th) and the second cycle is intended for summer programs (July 1st thru August 31st) Applications are available through the Sandwich Central School, Sandwich Park & Recreation, Sandwich Town Office and the Sandwich Children’s Center, or by request at the below address.

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Sandwich Children and Youth Fund
PO Box 95
Sandwich, NH 03227
sandwichchildrenandyouthfund@gmail.com

This fund is supported by the Alfred Quimby Fund in partnership with the Trustees of Trust Funds for the Town of Sandwich. Individuals are encouraged to contribute to the Fund.

Rev. 3/16
SANDWICH FUND FOR CHILDREN AND YOUTH
APPLICATION FOR ASSISTANCE
Post Office Box #95  Sandwich, NH  03227

Please complete this form and return it to: SFCF Applications, PO BOX 95, Sandwich, NH 03227

Name of Applicant - ____________________________ Parent or Guardian

Residence - ___________________________________________

Mailing Address - _______________________________ Street and Town __________ Zip Code

Telephone - ___________________________ Best time to call ___________ E-mail _________

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

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Age</th>
<th>List current attendance at school/child care program</th>
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Please list the program for which you wish to receive financial assistance.

Name of Program __________________________________________

Mailing Address __________________________________________

Contact Person ____________________________ Phone # or e-mail __________________

Dates of Involvement - Beginning ___________ Ending __________________

Total Cost of Program - ___________ Amount of Assistance Requested - ___________
(hourly/ weekly/monthly rate)

Other information __________________________________________

This application must be signed and dated by the applicant -

I certify that our family resides in Sandwich.

Signature ____________________________ Date ____________________

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