



## Livingston Ripley Waterfowl Conservancy

P.O. Box 210, Litchfield, CT 06759  
(860) 567-2062 Fax (860) 567-4369  
info@lrwc.net [www.lrwc.net](http://www.lrwc.net)

### Scholarship Application

Thank you for expressing interest in our annual Livingston Ripley Waterfowl Conservancy (LRWC) Summer Enrichment Programs. LRWC Summer Enrichment Programs will be offered for children entering grades 3 through 6 in the Fall of 2017. Your child will actively participate in scientific investigation, both inside and outside the classroom, using magnifying glasses, collection nets, microscopes, field guides, binoculars, dissection tools, and more. With the help of the Conservancy's Avian Ambassadors, your child will also be able to meet and work with live birds! All sessions will feature fun activities as well as hands-on learning. In addition, there will be plenty of fresh air among our beautiful aviaries and access to the Conservancy's classroom equipped with microscopes, computer, and Smart Board technology.

**Please fill out this form if you are seeking a student scholarship for a 2017 LRWC Summer Enrichment Program (Week of July 3<sup>rd</sup>, July 10<sup>th</sup>, or July 17<sup>th</sup>). Scholarships are limited.**

Livingston Ripley Waterfowl Conservancy awards scholarships based on the parent/guardian's financial need and the child's interest. Full scholarships covering all registration fees or partial scholarships covering part of the registration fees may be awarded.

The following parent/guardian submission form needs to be completed to be considered for this scholarship.

Please either mail, drop by, e-mail, or fax in a copy of the form to:

**Ben Sonnenberg**  
55 Duck Pond Rd, PO Box 210  
Litchfield CT 06759

**E-mail:** [bsonnenberg@lrwc.net](mailto:bsonnenberg@lrwc.net)  
**Fax:** 860-567-4369

## Parent/Guardian Submission

*This form must be completed by a parent or guardian.*



Child's Name:

Child's Address:

School Child Will Attend in Fall 2017:

Grade Child Will Enter in Fall 2017:

Summer Enrichment Program Week for which you are seeking the scholarship:

Parent/Guardian Name:

Address (if different from child's address):

Daytime Phone Number:

Email Address:

Father's (or Legal Guardian's) Occupation:

Place of Employment:

Mother's (or Legal Guardian's) Occupation:

Place of Employment:

Total Combined Household Income for the Year 2016:

- |  |  |
|--|--|
| <input type="checkbox"/> \$0-\$9,999       | <input type="checkbox"/> \$75,000-\$99,999   |
| <input type="checkbox"/> \$10,000-\$14,999 | <input type="checkbox"/> \$100,000-\$149,999 |
| <input type="checkbox"/> \$15,000-\$24,999 | <input type="checkbox"/> \$150,000-\$199,999 |
| <input type="checkbox"/> \$25,000-\$49,999 | <input type="checkbox"/> \$200,000+          |
| <input type="checkbox"/> \$50,000-\$74,999 |  |

Race/Ethnicity (for reporting purposes only):

- |   |   |
|---|---|
| <input type="checkbox"/> White            | <input type="checkbox"/> Asian/Pacific Islander       |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic, Latino, or Spanish |
| <input type="checkbox"/> Native American  | <input type="checkbox"/> Other _____                  |

Please explain in 200 words or less why you are seeking financial assistance. Print or type in the space below or in an attached letter. *This information will be kept confidential.*