

# 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.



**Applicants** are encouraged to apply during one of the two scholarship cycles. The first cycle provides funds for the school year (September 1<sup>st</sup> to June 30<sup>th</sup>) and the second cycle is intended for summer programs (July 1<sup>st</sup> thru August 31<sup>st</sup>)

**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.



**Sandwich Children and Youth Fund**

**PO Box 95**

**Sandwich, NH 03227**

[sandwichchildrenandyouthfund@gmail.com](mailto: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.

# 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 - \_\_\_\_\_

Street and Town

Mailing Address - \_\_\_\_\_

Zip Code \_\_\_\_\_

(if different from above)

Telephone - \_\_\_\_\_

Best time to call \_\_\_\_\_

E-mail \_\_\_\_\_

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

Name of Child	Age	List current attendance at school/child care program

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 \_\_\_\_\_