Dear Portland Area Families,

Breakwater Enrichment Center is pleased to be able to offer scholarships for our dynamic selection of fine arts, performing arts, and music after-school enrichment classes, winter and spring vacation camps, and summer camps thanks to The Bob Crewe Foundation. The mission of the foundation is to provide enriching opportunities in performing and visual arts to students who might not otherwise have access to experiences of this nature.

If your family qualifies for free or reduced lunch, you are eligible for a full scholarship. Families that do not qualify for this assistance are welcome to apply for a partial scholarship. Please fill out one form per child.

Summer Camps: Summer Camp Crewe Scholarships are for students who are 8-14 (incoming 3rd - 9th grade) only.

To apply: complete and submit the attached scholarship application before the session or camp begins.

Application materials may be mailed to: 856 Brighton Ave, Portland, ME, 04102. ATTN: Enrichment Programs. Or submit via email to Amy Pichette, Enrichment Director, apichette@breakwaterschool.org

All applicants will be notified of their application status by the start of the session. To cancel your application, please notify the Enrichment Office immediately at 772-8689 ext. 238.

Summer Camp Options: Please see attached list of summer classes available for Crewe Scholarships; scholarships for children ages 8-14; choose a morning and afternoon camp per session (or all day camp). If you have any questions, please contact the Enrichment Office.
Scholarship Application

Please complete the application below (front & back) and return to Breakwater (mail, email, etc.)

Child's Name: __________________________________________________________

Grade: ______________________ School: ______________________________________

Parent / Legal Guardian Name(s): ____________________________________________

Primary Phone Number: _______________ Email address: ________________________

Street Address: __________________________________ City: __________ State: ____ Zip Code: _____

Primary Language Spoken At Home: ____________________ Age & Birthdate: ___________

Emergency Contact Name and Phone Number: ______________________________________

Relation to Student: __________________________________________________________

Does your child have any allergies or other health or behavioral information? __________________________

__________________________________________________________________________

Food restrictions? ______________ Does your child have an epi pen? ________ inhaler? ________

I give permission for the following adults to pick up my child from Breakwater's Enrichment & AfterCare Program.

Name: _______________________ Relationship: ___________ Contact: ________________

Name: _______________________ Relationship: ___________ Contact: ________________

Name: _______________________ Relationship: ___________ Contact: ________________

Do you receive free or reduced lunch? Yes [   ] No [   ]

If you selected No:
All scholarships are based on need. Families who are able to contribute to the cost of the class helps Breakwater extend our reach to more students in the area. Please indicate how much you are able to contribute to this Enrichment or Camp program: __________________________

Permissions: Please initial each section you give permission for.

[ ] I hereby give my consent for my child to be treated by a physician in the event of a medical emergency when I cannot be reached. Every attempt will be made to contact parent/guardian in the event of an
Application Continued

emergency. I also authorize release of medical information to field trip chaperones, health insurance companies, and healthcare providers as needed in an emergency. I acknowledge that this form will be copied

for the purpose of providing availability of information when the student is off campus for field trips or other Summer/Enrichment related activities. Original is stored in the Enrichment / Summer Office.

____Yes, I give permission for any photograph, video image, audio recording or other likeness of my child to be used in Breakwater’s promotional materials or communications (e.g. brochures, websites, Newsbreaks, emails, etc).

____ Yes, I give permission for my child to participate in off-campus activities (e.g. field trips, walks, etc.)

__________________________________________________________________________  ______________________________________________________________________
Parent /Guardian Signature  Date

Summer Camp Choices:
All classes listed with this document are eligible for a Crewe Scholarship. You may find more information about Summer at Breakwater Camps online at: http://enrichment.breakwaterlearning.org/summer/

Please list your top camp choices from the attached list (some camps may already be full). We will notify you of which camp your camper is enrolled in before the start of the session:

1.________________________  Morning or Afternoon  Session____________________

2.________________________  Morning or Afternoon  Session____________________

3.________________________  Morning or Afternoon  Session____________________

4.________________________  Morning or Afternoon  Session____________________

Student: Why would you like to come to Breakwater for a class? You may draw or write your answer.

__________________________________________________________________________  ______________________________________________________________________
__________________________________________________________________________

Parent/Guardian: Explain how your child will benefit from this opportunity.

__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________

Please return application to Amy Pichette.
Contact Enrichment Director, Amy Pichette with any questions:
email: apichette@breakwaterschool.org Phone: 772-8689 ext. 238