

**• Darien Summer School •**  
**Financial Aid Request**  
(to be completed by parent or guardian)

Student Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ Darien, CT 06820

Age \_\_\_\_\_ Entering Grade \_\_\_\_\_ Local School \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

Number of children in family \_\_\_\_\_ Number of children in Darien Public Schools. \_\_\_\_\_ College? \_\_\_\_\_

Have you been approved for any federal free or reduced meal programs? Check one: [ ] Yes [ ] No

Financial aid funds are limited and will be distributed as fairly as possible; please provide any additional information that would enable the DSS in evaluating your child's need for financial aid. That includes recommendations from teachers, school principals, or social agencies. Submit this form, along with a completed DSS registration form and the required Emergency Medical Form to our mailing address. These two forms may be found in the downloadable DSS catalog at [www.dariensummerschool.com](http://www.dariensummerschool.com). Completed financial aid applications are due by Friday of the first week in June. Each application will then be evaluated carefully by the program director; award decisions will be communicated by email or phone shortly thereafter.

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature \_\_\_\_\_

Please mail or deliver your completed application to the following address:

**Darien Summer School**  
**Board of Education Offices**  
**2 Renshaw Road**  
**Darien, CT 06820**