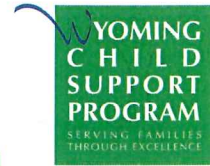


Scholarship Application



Parent's Name(s) _____
 Address: _____
 Phone: _____ E-mail address: _____
 Employer: _____

Are you a Science Zone member: Yes No *Gross monthly income: _____
 *We require income verification through a paycheck stub or documentation to show your children qualify for free or reduced lunch in the public schools.

How many live in your household: _____ Are you a single parent? Yes No

Have you previously been awarded a scholarship to The Science Zone? Yes No

For what are you requesting scholarship? _____

Please write a short paragraph explaining why you would like to have a scholarship awarded to your son or daughter and why you are applying for the scholarship

- Most scholarships are awarded for half the non-member price for each class or camp, and occasionally full scholarships are awarded based on need.
- All scholarships are subject to approval of the Executive Director and the scholarship committee.
- Please apply at least one month in advance so we may have time to process your request.

Reference: Please provide a reference as you would on a job application. This person should verify the need for this scholarship and vouch for the answers you have provided.

Name: _____

Contact information: _____

Signature: _____ Date: _____

Executive Director: _____ Date: _____

No state funds were used in the creation of this partnership or this scholarship.

