

**Science**   
HANDS-ON  
MUSEUM **Works**  
**SCHOLARSHIP REQUEST FORM**

**ScienceWorks | 1500 E. Main St. | Ashland, OR 97520**  
**541.482.6767 ext. 226**

The ScienceWorks Scholarship program was created in order to ensure that ScienceWorks Camps are accessible to all members of the community and that no one is excluded because of an inability to pay.

The criteria for assessing financial assistance eligibility is based on individual and family needs. In order to ensure that financial assistance funds benefit the maximum number of people, ScienceWorks may limit the amount of financial assistance received by any individual or family within a certain period of time. In addition, participants are asked to pay a portion of the Camp tuition.

Our scholarship program is possible thanks to individual donors and grants received from private organizations. Our ability to grant financial assistance is therefore dependent upon the availability of these funds.

The completed application needs to be received at least two weeks prior to camp.

**INSTRUCTIONS TO APPLICANTS**  
**(please read before completing)**

1. Keep this top page for your records.
2. Fill out the application completely. Failure to do so may cause a delay or possible denial of your application.
3. Proof of income must be attached. Applications without this information cannot be processed. Examples of proof of income accepted include your most recent pay stub, a disclosure from a state assistance program, a stub from an unemployment check, etc.
4. Return the completed application to ScienceWorks **at least two weeks prior** to camp. We will notify you by phone or mail of the scholarship amount or if you do not qualify.
5. ALL scholarship awards are valid only for the summer awarded and do not carry over to other ScienceWorks programs, or to the following year. You may reply for future programs separately.

Date received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_



### Application for Camp Scholarship

Applicant's Name: \_\_\_\_\_

Camper's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Classes applying for:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please indicate the amount you could pay for each camp: \_\_\_\_\_

Are you currently ScienceWorks member? \_\_\_\_\_

Total Household Members:

	<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>
1.		Applicant	
2.			
3.			
4.			
5.			
6.			
7.			

Please explain briefly why you would like your child to be considered for a Camp Scholarship.

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**Please list all income:**

1<sup>st</sup> Adult Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Monthly Job Gross Income: \$ \_\_\_\_\_

2<sup>nd</sup> Adult Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Monthly Job Gross Income: \$ \_\_\_\_\_

Bank account(s) balance \$ \_\_\_\_\_

All of these amounts are monthly: Student Loans received \$ \_\_\_\_\_

AFS/ADC \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

Do you expect your financial situation to change in the near future? Yes \_\_\_ No \_\_\_

If yes, why? \_\_\_\_\_

Please indicate any additional financial information which should be factored into our decision to award a scholarship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you qualify for the Free/Reduced Lunch Program?  YES  NO

By signing below, I declare the information I have provided is correct and I agree to provide additional documentation to verify financial need if requested. I authorize ScienceWorks to verify and obtain any information necessary regarding my financial status. I understand that if any information I have provided is found to be false, assistance will be denied. I understand that any scholarship issued is valued only for the classes awarded, and I must reapply for subsequent classes.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>For office use only:</b> Application review date: _____ Staff initial: _____ Scholarship awarded? _____ Amount awarded: _____ Notified date: _____ How? _____ Notes _____</p>
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