

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

**ScienceWorks | 1500 E. Main St. | Ashland, OR 97520
541.482.6767 ext. 222**

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 are 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 and submit it with all required attachments. Failure to do so may cause a delay or possible denial of your application.

REQUIRED ATTACHMENTS

- a. 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.
 - b. Letter of reference. This letter should be written by an adult who knows the applicant well. We suggest you ask a current teacher or other adult who works with your child in a group learning setting. This letter should indicate how the applicant child is likely to benefit from participating in a hands on science camp, or what makes them a strong candidate for a camp scholarship.
3. 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.
 4. ALL scholarship awards are valid only for the camp season awarded and do not carry over to other ScienceWorks programs, or to the following year. You may reapply for future programs separately.

Date received: _____

Staff Initials: _____



Application for Camp Scholarship

Applicant's Name: _____

Camper's Name(s): _____

Address: _____

Phone Number: _____ Email: _____

Camps applying for:

1. _____

2. _____

3. _____

4. _____

Please indicate the amount you could pay for each camp: _____

Are you currently ScienceWorks member? _____

Total Household Members:

	Name	Relationship	Date of Birth
1.		Applicant	
2.			
3.			
4.			
5.			
6.			
7.			

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

Please list all income:

1st Adult Name: _____

Name of Employer: _____

Monthly Job Gross Income: \$ _____

2nd 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 _____

For office use only:	
Application review date: _____	Staff initial: _____
Scholarship awarded? _____	Amount awarded: _____
Notified date: _____	How? _____
Notes _____	