



2017 SCIENCE CAMP SCHOLARSHIP APPLICATION

Dear Scholarship Applicant,

The Catawba Science Center is pleased to invite students to apply for a scholarship to attend Science Camp during the summer of 2017. CSC will award scholarships to cover 90% of the cost for campers who meet the requirements listed below to attend up to two full weeks of science camp. The scholarship award is based on student interest, need, and family income.

ELIGIBILITY:

Open to pre-K through 9th grade students in the Catawba Valley region with documented financial need.

REQUIREMENTS:

1. Successfully submit the 2017 Summer Science Camp Scholarship Application. Please complete a separate application for each child.
2. Provide documented proof of financial need. Documentation may include a letter or printout showing your participation in the free/reduced school lunch program for this past school year or a letter from an official social service agency. All information will be kept confidential.
3. Permission Form signed by a parent/guardian ensuring the student's daily attendance in camp and transportation to camp.
4. Applicants must maintain an active CSC membership throughout the time children will attend Science Camp. If your current membership will expire during this time, you must renew at the Family Level as an Annual Member, Corporate Member, or Family to Family Member.

APPLICATION DEADLINE:

All materials are due *at least* one week prior to the date that your desired Summer Fun course begins. Please return completed applications to PO Box 243, Hickory, NC 28603 or e-mail documents to membership@catawbasience.org. Scholarship recipients will be notified via e-mail. Scholarships are limited and will be awarded on a first come, first served basis and will be awarded until funds are used.

FOR OFFICE USE ONLY	Notes:
Date Received: _____	_____
Date Approved: _____	_____
Staff Signature: _____	_____



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CAMPER INFORMATION

Please clearly print all information. Remember to complete a separate application for each child.

Camper's Full Name _____

Date of Birth _____

Parent/Guardian _____

Home Address _____

Home Phone _____

Cell Phone _____

E-mail Address _____

Ethnicity (optional) _____ Gender M F

Entering Grade _____

Name of School _____

Does your child currently receive any of the following:

Free/Reduced Lunch WIC/Food stamps Unemployment

Other: _____

**NOTE: Catawba Science Center must receive documented proof of financial need. Documentation may include a letter or printout showing your participation in the free/reduced school lunch program for this past school year or a letter from an official social service agency. All information will be kept confidential. Applications missing this information will not be considered.*

PARENT/GUARDIAN PERMISSION FORM

My signature below confirms that I am giving my child _____ permission to participate in Science Camp at Catawba Science Center. He or she will participate daily Monday through Friday, 7:30 AM to 5:30 PM during the assigned camp session. It is my responsibility to provide transportation for my child to and from this program.

Parent/Guardian Name _____

Parent/Guardian Signature _____



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REFERENCES

Please give three references who are not family members (friend, employer, neighbor, guidance counselor/ teacher, church leader, caseworker, etc.):

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

ESSAY

In your own words, please describe below why you wish to attend Science Camp at CSC this summer, and why you should be chosen to participate in the scholarship program.

**NOTE: This portion may be completed by a parent, child, or an individual on the family's behalf.*



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COURSE SELECTION

Please review the 2017 science camp course catalog and list a first, second, third, and fourth choice. We will try to accommodate campers' preferences, but the selection committee's course assignments will be final. Each family will be awarded up to **two** full weeks (\$400 value) of science camp during the summer of 2017, and will be responsible for 10% of the total cost for camp. Please remember to complete a separate application for each child.

Age Group:

- pre-k – kindergarten
- rising 1st – 2nd grades
- rising 3rd – 4th grades
- rising 5th– 6thgrades
- rising 7th – 9th grades

Rank	Course Name	Date
1		
2		
3		
4		

Child Shirt Size:

- YXS YS YM YL S M L XL



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CSC SUMMER FUN 2017 • REQUIRED INFORMATION

Please complete a separate application for each child.

CHILD'S NAME: _____ RISING GRADE: _____

EMERGENCY CONTACT AND PHONE IF PARENTS CANNOT BE REACHED:

(Name)

(Primary Phone Number)

I hereby consent and authorize the Catawba Science Center to use and reproduce any photographs of my child for promotional purposes or otherwise.

MEDICAL INFORMATION (completion required)

Health / Accident Insurance: Employer _____
Insurance Co. _____ Policy Number _____
Name of Insured _____ Doctor _____ Phone _____

Currently on any medications? If so, please list and describe schedule for emergency administration. Include any asthma or allergy medications. If there are medications that must be administered by CSC staff, written directions must be sent.

Allergies or medical conditions _____

I, _____, do hereby authorize Catawba Science Center staff to act on my behalf in seeking any medical treatment or medicine for my son/daughter, _____, during the CSC Summer Fun program.

PARENT/GUARDIAN SIGNATURE _____ Date _____

AFTERNOON ADVENTURES AND FIELD TRIP RELEASE FORM

This form must be on file at CSC in order for your child to participate in the Afternoon Adventures program or class field trips.

I give permission for my son/daughter, _____, to travel locally with Catawba Science Center to Afternoon Adventure destinations such as: Hickory Foundation YMCA, Patrick Beaver Library, local parks, Carolina Theater, AMF Bowling and to class field trip destinations such as: South Mountain State Park, and a local veterinarian's office.

My child requires a booster seat. *NC State Law requires any child under age 8 who weighs less than 80 pounds to sit in a booster seat. Booster seats for 1st/2nd grade Afternoon Adventure participants will be provided by CSC.*

PARENT/GUARDIAN SIGNATURE _____ Date _____