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 2018. CSC will award scholarships to cover up to $400 for families who meet the requirements listed below. 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. Submit the 2018 Summer Fun 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 the 2017-18 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. To receive a member rate, applicants must maintain an active CSC membership throughout the time children will attend science camp. If your membership will expire during this time, you must renew as an Annual Member, Supporting 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 2431, Hickory, NC 28603 or e-mail membership@catawbascience.org. Scholarship recipients will be notified via e-mail. Scholarships are limited and will be awarded on a first come, first served basis until funds are used.
CAMPER INFORMATION

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

Camper’s Full Name ____________________________________________________________

Date of Birth ___________________ Gender  O  M  O  F  Rising Grade ________________

Shirt Size:  O  YXS  O  YS  O  YM  O  YL  O  S  O  M  O  L  O  XL

FAMILY INFORMATION

CSC Member?  O  Yes  Exp. Date _______________  O  No

Parent/Guardian ________________________________________________________________

Mailing Address ________________________________________________________________

City ___________________________ State ___________ Zip ________________

E-mail _______________________________________________________________________

Phone #1 ___________________________  O  Work  O  Cell  O  Home

Phone #2 ___________________________  O  Work  O  Cell  O  Home

Does your family currently receive any of the following:

O  Free/Reduced School Lunch  O  WIC/SNAP/EBT  O  Unemployment

Other: ______________________________________________________________________

* Please submit documentation with your application. 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, during the assigned camp session. It is my responsibility to provide transportation for my child to and from this program.

Parent/Guardian Signature ________________________________________________________
REFERENCES

Please provide 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

The 2018 Summer Fun Brochure can be found by clicking [this link](#) or in the CSC office. Please review the classes and rank your preferences below. We will do our best to accommodate campers’ preferences. Each family will be awarded up to $400 for science camp during the summer of 2018. When filling out the class prices, please list the member cost. Please remember to complete a separate application for each child.

<table>
<thead>
<tr>
<th>Week</th>
<th>Class Title</th>
<th>*SciFun Class Price</th>
<th>**Sunrise Science Price</th>
<th>**Afternoon Adventures Price</th>
<th>Total</th>
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<td>Jul 11-15</td>
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<td>Jul 30-Aug 3</td>
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<td>Aug 13-17</td>
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<td>Aug 20-24</td>
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*SciFun Class Prices are listed with class descriptions in the 2018 Summer Fun Brochure, pp. 6-10

**See Sunrise Science and Afternoon Adventure Pricing, pp. 1
REQUIRED INFORMATION

This form must be completed and on file at CSC in order for your child to participate in Summer Fun.

CHILD’S NAME ___________________________________________ RISING GRADE ________________________

EMERGENCY CONTACT

EMERGENCY CONTACT AND PHONE IF PARENTS CANNOT BE REACHED:

Name ___________________________________________ Phone Number _______________________________________

MEDICAL INFORMATION

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 & FIELD TRIP RELEASE FORM

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, Pin Station and to class field trip destinations such as: Blue Ridge Molding, Hickory Fairgrounds, and A2 Wind Tunnel.

☐ 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.

NOTE TO PARENTS: Students will travel in CSC vans driven by adult staff. All groups will return to CSC no later than 4:30 PM. Most SciFun class field trip participants will return no later than noon.

PARENT/GUARDIAN SIGNATURE ___________________________________________ Date ________________

PHOTO RELEASE

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

PARENT/GUARDIAN SIGNATURE ___________________________________________ Date ________________