Dear Scholarship Applicant,

Catawba Science Center is pleased to invite students to apply for a scholarship to attend homeschool classes during the 2019-20 school year. CSC will award scholarships to cover up to $100 per child 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 12th grade homeschool students in the Catawba Valley region with documented financial need.

**REQUIREMENTS:**

1. Submit the 2019-20 Homeschool Scholarship Application. Please complete a separate application for each child.

2. Provide documented proof of financial need. Documentation may include a letter or copy of a card from an official social service agency. All information will be kept confidential.

3. Permission form signed by a parent/guardian ensuring the student’s attendance and transportation to class.

**APPLICATION DEADLINE:**

All materials are due at least one week prior to the date that your desired homeschool 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.
STUDENT INFORMATION

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

Student’s Full Name ____________________________________________________________

Date of Birth ____________________ Gender □ M □ F Grade _______________________

FAMILY INFORMATION

CSC Member? □ Yes Exp. Date ___________ □ No * If not, see Portal to Science Membership Application

Parent/Guardian ________________________________________________________________

Mailing Address __________________________________________________________________

City ___________________________ State _____________ Zip _________________

E-mail ___________________________ _____________________________________________

Phone #1 ___________________________ □ Work □ Cell □ Home

Phone #2 ___________________________ □ Work □ Cell □ Home

Other Individuals Allowed to Pick Up Your Child(ren) __________________________________

Does your family currently receive any of the following:

□ WIC/SNAP/EBT    □ Unemployment    □ Disability

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 classes at Catawba Science Center. He or she will be present to participate during the assigned class 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 classes at CSC this year, 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.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

___________________ ___________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Page 3 of 5
CLASS SELECTION

The 2019-20 Home School Science Classes Guide can be found by visiting us at www.catawbascience.org/education/homeschool or in the CSC office. Please review the classes and indicate your preferences below by checking the Tuesday or Wednesday date for the months you are interested in attending. Please note that high school classes are only available on Wednesdays. Remember to complete a separate application for each child.

PRICING GUIDE

Pre-K – 8th Grade Classes: $15 per class or $120 per year

High School Classes: $20 per class

(This section will only be used internally to calculate scholarship value. If approved for a scholarship, you will not be required to pay for classes unless they exceed your scholarship award. Each family may be awarded up to $100 per student.)

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DATE (Check Tues. or Wed.)</th>
<th>PRICE (See pricing guide above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>○ 17 ○ 18</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>○ 15 ○ 16</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>○ 12 ○ 13</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>○ 17 ○ 18</td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>○ 14 ○ 15</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>○ 11 ○ 12</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>○ 17 ○ 18</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>○ 14 ○ 15</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>○ 12 ○ 13</td>
<td></td>
</tr>
</tbody>
</table>

○ Entire Year Option (Please check Tues. or Wed. above)

GRAND TOTAL: ________________________
REQUIRED INFORMATION

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

CHILD’S NAME ___________________________________ 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 CSC science classes.

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 _______________________

Page 5 of 5