



Vacation Class Fee Assistance
Scholarship Application
Summer Science Camp 2019

Camper's Name: _____ Camper's Age: _____

Applicant's Name: _____

Applicant's Email: _____

Address: _____

Street Address City State Zip Code

Phone: _____

Home/Cell Work/Emergency

Applicant's Relationship to Camper: •Parent •Guardian

Number of dependents under 18 in household: _____ dependents over 18: _____

Parent/Guardian's Name: _____

Parent/Guardian's place of employment: _____

Name Phone

Parent/Guardian's gross monthly income from employment: _____ (attach copy of current pay stub)

Additional Parent/Guardian's Name: _____

Additional Parent/Guardian's place of employment: _____

Name Phone

Additional Parent/Guardian's gross monthly income from employment: _____ (attach copy of current pay stub)

Total of all other income sources (gross monthly amount): _____ (attach documentation)

Total of all savings and other assets: _____ (attach documentation)

Please list specific class for which fee waiver is sought:

First choice class title: _____ Dates: _____

Second choice class title: _____ Dates: _____

Third choice class title: _____ Dates: _____

Please provide a brief explanation of why you require a fee waiver: _____

Camper's t-shirt size: XS (2-4) S (6-8) M (10-12) L (12-14)

Office Use Only:

Date received: _____ Fee Assistance granted?: Y N Date Applicant notified: _____



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Does the camper have any respiratory problems? If yes, please explain: _____

Does the camper have any allergies? If yes, please explain: _____

Does the camper have any dietary restrictions? If yes, please explain: _____

Is the camper currently taking any medications? If yes, please explain: _____

Please note any other special needs or instructions that may need accommodation to make Summer Science Camp a positive experience for your child:

I give consent to Explorit to photograph the camper and use the pictures in scrapbooks and/or other promotional material. **Yes** **No**

I certify that the information provided on this form is true and correct. I understand that Explorit representatives will review this information and additional information may be requested. Provision of false information will result in disqualification from the Fee Assistance Program.

Signature of applicant (parent/guardian): _____ Date: _____

- Fee assistance awards are based upon financial need and space availability in classes. Awards are made on a first-come, first-served basis.
- A complete application package consists of a *Vacation Class Fee Assistance Scholarship Application* form and proof of income such as a pay stub or recent tax return. More information may be requested to supplement what is originally submitted.
- Explorit will award up to one scholarship per family per summer.

Please return the application and attached documentation to:

Explorit Science Center
P.O. Box 1288
Davis, CA 95617

Or scan and email the application and all documentation to explorit@explorit.org with "Summer Camp Fee Assistance" in the subject line.

Office Use Only:

Date received: _____ Fee Assistance granted?: **Y** **N** Date Applicant notified: _____