



# Vacation Class Fee Assistance Scholarship Application Summer Science Camp 2018

**Part A: Applicant Profile**

Camper's Name: \_\_\_\_\_

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: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_  
Name
Phone

Mother's gross monthly income from employment: \_\_\_\_\_ (attach copy of current pay stub)

Father's Name: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_  
Name
Phone

Father's gross monthly income from employment: \_\_\_\_\_ (attach copy of current pay stub)

If applicable, Guardian's Name: \_\_\_\_\_

Guardian's place of employment: \_\_\_\_\_  
Name
Phone

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: \_\_\_\_\_



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## Part B: Need and Impact

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

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## Part C: Applicant Certification

*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 95616

Or scan and email the application and all documentation to [explorit@explorit.org](mailto:explorit@explorit.org) with "Summer Camp Fee Assistance" in the subject line.

### For Office Use Only:

Date received: \_\_\_\_\_ Fee Assistance granted:  Yes  No

Date applicant notified: \_\_\_\_\_ Amount: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_