

Discovery Museum's

Pal Camp

2019 Scholarship Application Form

Scholarships are distributed on a financial need and first come basis. Limited scholarships are available and therefore awards are highly competitive. Scholarships will pay for the majority of the tuition and parents are responsible for the remaining \$25 and any extension hours at time of enrollment. All of the information requested on this form must be filled out to be considered for an award. Upon the distribution of an award, parents/ guardians will be asked to register their camper online. We use the 200% of Poverty Federal Income Guidelines or CalFresh eligibility to determine family eligibility.

Please email our director at director@discovery-museum.org with questions about deadlines and award dates.

Applicant/Participant's full name: _____ Phone Number: _____
Parent/Guardian's full name: _____ Email: _____

Session for which applicant is applying for a scholarship (please list 1st, 2nd, and 3rd choices):

Total monthly household income: _____ Number of household members: _____

Has the participant received a scholarship in the past? _____

Reasons for which the participant feels they should receive this scholarship award:

Household	2	3	4	5	6	7	Each additional member
Max Gross Income	\$2,622	\$3,300	\$3,976	\$4,652	\$5,330	\$6,006	\$678
Max Net Income	\$1,311	\$1,650	\$1,988	\$2,326	\$2,665	\$3,003	\$339

Signature of Applicant: _____ Date: _____

I, the undersigned, acknowledge that the information submitted on this application is accurate.

Signature of Parent/Guardian: _____ Date: _____

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Amount awarded: _____ Coupon Code: _____

Date Received: _____ Participant Completion _____