

SCHOLARSHIP APPLICATION: Summer 2016

Submit only if you wish to be considered for SUCCESS financial assistance. Requesting financial assistance will not affect the outcome of your child's application. **DEADLINE: MARCH 15, 2016.**

The application fee is waived, with the submission of a <u>complete</u> scholarship application <u>including</u> proof of eligibility for free or reduced lunch.

Please email completed form to: <u>upload.SUCCESS.z4bo1waa9d@u.box.com</u>

PARTICIPANT INFORMATION: First Name:	Last Name:	
Date of Birth (as of first day of camp):	(month)/(day)/	_(year)
Current grade Level (2015-2016 year):		
Current school Attending (2015-2016 year):		
PRIMARY PARENT / GUARDIAN INFORMATI		
Gender: Male Female Other	Email:	
Home Phone: ()		
Work Phone: ()		
Cell Phone: ()		
Street Address: City:	State: Zip:	

QUESTIONS FOR CAMPER:

1) Why are you excited about SUCCESS?

2) If you could design and build anything, what would you make, who would you make it for, and why?



1) Why are you excited for your child to attend SUCCESS?

2) How do you think your child would benefit from attending SUCCESS?

3) What is your average household income (monthly)?

4) What is your occupation?

5) What is the occupation of the camper's secondary parent/guardian? (if applicable)

I, ______(print parent/guardian name), the Parent/Guardian of ________(print participant/camper name), certify that the above

information is accurate and complete.

Parent/guardian signature

Date