

DESTINATION SCIENCE

Scholarship Application 2024

Dear Parent,

Destination Science is a nonprofit organization dedicated to getting kids excited about science & building great life skills. We are proud to offer financial need scholarships to children who desire a unique, exciting science enrichment program.

All scholarships are limited and awarded on a 1st come, 1st served basis. Tax ID 33-0943159.

Types and Eligibility Requirements for Scholarship:

Full Scholarship: Tuition for 1 week will be paid in full by Destination Science.
Annual household income must be less than \$35,000.

Partial Scholarship: Parent/Guardian is responsible to pay \$200.00 per week of Destination Science tuition.
Annual household income must be less than \$60,000.

Please submit:

1. A copy of the parent or legal guardian's 2023 IRS Tax Return.
2. For each child applying complete a Scholarship Application.
3. Camp Registration.
4. A Liability Waiver.

Your application is not considered until all four items are received.

Scholarships are not valid at any partnership location - a program where DS does not take the registration. Scholarships must be used in summer 2024.

Child Name _____ Parent Name _____

2023 Annual Household Income:

Usually found as Adjusted Gross Income
on 1040 Tax Return, first page, line 11.

- ☐ less than \$60,000
☐ less than \$35,000

☐ Yes, I have included the required copy of my 2023 IRS Tax Return - first page.

Yes I have included a completed Registration Form

Yes I have included a completed Liability Waiver

Please have your child finish the following paragraph with three to five sentences:

I would like to go to Destination Science Summer Camp for 1 week this summer because:

Child's Signature _____

Camp Registration

To apply for a Scholarship submit: 1. The first page of your 2023 taxes 2. Scholarship application for each child
3. Camp Registration form 4. Liability waiver.

Mail To: Destination Science, 953 N Elm Street, Orange, CA. 92867 **Email To:** info@destinationscience.org

Email: _____ Today's Date ____/____/____

Child's Name _____ DOB ____/____/____ Grade ____ ☐ M or ☐ F School _____
(First) (Last) (Next Fall)

2nd Child's Name _____ DOB ____/____/____ Grade ____ ☐ M or ☐ F School _____
(First) (Last) (Next Fall)

Address: _____ City _____ State _____ Zip _____

Cell (____) _____ Home (____) _____ Work (____) _____

Emergency Contacts: 1. Name (Relationship) _____ Phone (____) _____

2. Name (Relationship) _____ Phone (____) _____

If Possible, Please Group Me with the Following Friend: 1) _____

How did you hear about Destination Science? ☐ Referral ☐ Returning Camper ☐ School Flier ☐ Magazine ☐ Web Search
☐ Company Flier ☐ Direct Mail ☐ Other _____

Choice Number	Choose Best Week *No Camp July 4th	Camp Theme Camp Location	Partial Fee \$200.00	
1st Choice				
2nd Choice				
3rd Choice				
Subtotal			\$	
Multiply Subtotal by Number of Children Enrolling			x	
Grand Total			\$	

PAYMENT METHOD ☐ Check or money order enclosed ☐ VISA ☐ MC

Card Number _____ Exp Date ____/____/____ Check # _____
month/year

Name as it appears on Card/Check _____

Credit Card Billing Address _____ Zip Code _____

If different than Home address

2024 Liability Waiver

Thank you for registering with Destination Science.
Please read this information carefully. Your consent is required before registration is complete.

I, the parent/guardian authorize Destination Science Staff to arrange emergency medical care for the above named child(ren) while at Destination Science Camp.



In the event of any emergency, I authorize Destination Science Staff to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I hereby acknowledge that all projects brought home from Destination Science Camp are to be used only under adult supervision. I hereby release Destination Science and the above named Location, its agents, owners and employees from any claims for accident, injury or loss of valuables that may arise out of, connected with or in any way associated with these programs/activities. I hereby give permission to photograph/video my child and allow use of pictures in advertising or reports about Destination Science Camp.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. My faxed, emailed, or typed signature shall substitute for and have the same legal effect as an original form signature. My signature acknowledges my release and waiver of any claim for damages from any such accident, injury or loss.

There is a \$1 per minute late fee.

We understand that emergencies arise. We also understand that traffic can be challenging or hectic, but expect all children to be picked up on time. Traffic issues do not excuse the late fee that will be charged.

Agreement

- ☐ I agree to the above terms and conditions.
- ☐ I agree to the above terms and conditions for late fees.

Parent's Name: _____ **Date:** _____

Registered Child(ren)'s Name(s)

1. _____
2. _____