

# DESTINATION SCIENCE

## 2015 Scholarship Application

Dear Parent,

Destination Science is committed to providing valuable science learning experiences for children entering K through 6<sup>th</sup> grade. We are proud to offer financial need scholarships to children who desire a unique, exciting science enrichment program. All full scholarships are limited to 1 week per child and are awarded on a 1<sup>st</sup> come, 1<sup>st</sup> served basis. **Camp Scholarship application submission begins Monday, February, 2nd 2015 and ends Friday, May 29th, 2015.**

### 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 \$40,000.

#### Partial Scholarship:

Parent/Guardian is responsible to pay **\$170.00 per week** of Destination Science tuition.  
Annual household income must be less than \$55,000.

Please submit, for each child applying, a completed registration form (indicating weeks, 1st choice, 2nd choice 3rd choice), a completed scholarship application and a copy of the parent or legal guardian's 2014 IRS Tax Return (**1040 Tax Return, first page line 37 Adjusted Gross Income and for the 1040A Tax Return, first page line 21 Adjusted Gross Income**) as soon as possible. Remember scholarships are awarded 1<sup>st</sup> come, 1<sup>st</sup> served!

### Scholarship Application

Child's Name \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

2014 Annual Income: ☐ less than \$40,000 ☐ less than \$55,000

☐ Yes, I have included the required copy of my 2014 IRS Tax Return

☐ Yes, I have included a completed Registration Form

#### Please have your child finish the following paragraph:

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

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Child's Signature \_\_\_\_\_

**DESTINATION SCIENCE**

A nonprofit organization dedicated to getting kids excited about science &amp; building great life skills. ID# 33-0943159

Phone: 1(888) 909-2822

www.destinationscience.org

Fax: 1(888) 909-7577

# Destination Science

## Scholarship Registration for Summer 2015

**Camp Hours:** Monday through Friday, 9AM to 3:30PM. (Except on the week of June 29<sup>th</sup>: No Camp Friday, July 3rd)  
 Extended Care is available at most sites, \$30 AM, \$45 PM (8AM to 9AM and 3:30PM to 5PM or 5:30PM)

To apply for a Scholarship, complete the above application, the registration form below & the liability waiver.

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

Email: \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/2015

Child's Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last) DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ M / F School \_\_\_\_\_  
 (Next Fall)

2nd Child's Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last) DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ M / F School \_\_\_\_\_  
 (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 \_\_\_\_\_ Referral \_\_\_\_\_ Returning Camper \_\_\_\_\_ School Flier \_\_\_\_\_ Magazine \_\_\_\_\_ Web Search  
 Destination Science? \_\_\_\_\_ Company Flier \_\_\_\_\_ Direct Mail \_\_\_\_\_ Other \_\_\_\_\_

Wk #	Choose Best Week *No Camp Friday, July 3 <sup>rd</sup>	List program location	Awarded 50%	Awarded 100%
1		Extended Care: Choose & Circle: AM (\$30) PM (\$45)		
2		Extended Care : Choose & Circle: AM (\$30) PM (\$45)		
3		Extended Care: Choose & Circle: AM (\$30) PM (\$45)		
4		Extended Care: Choose & Circle: AM (\$30) PM (\$45)		
Subtotal			\$	\$
Multiply Subtotal by Number of Children Enrolling			x	x
<b>Grand Total</b>			\$	\$

**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

## **2015 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.

### ***Agreement***



I agree to the above terms and conditions.

**Parent's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Registered Child(ren)'s Name(s)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

