DESTINATION SCIENCE

2015 Scholarship Application

Dear Parent,

Destination Science is committed to providing valuable science learning experiences for children entering K through 6th 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 1st come, 1st served basis. *Camp Scholarship application submission begins Monday, February,2nd 2015 and ends Friday, May 29th, 2015.*

Types and Eligibility Requiren	Types and Eligibility Requirements for Scholarship:						
Full Scholarship:	Tuition for 1 week will be <u>paid in full</u> 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.						
application and a copy of the parent or	completed registration form (indicating weeks, 1st choice, 2nd choice 3rd choice), a completed scholarship legal guardian's 2014 IRS Tax Return (1040 Tax Return, first page line 37 Adjusted Gross Income and for th justed Gross Income) as soon as possible. Remember scholarships are awarded 1 st come, 1 st served!						
Scholarship Application							
Child's Name	Parent/Guardian's Name						
2014 Annual In	come: ☐ less than \$40,000 ☐ less than \$55,000						
Yes, I have included the required copy Yes, I have included a completed Regi	•						
Please have your child finish the follow	ring paragraph:						
would like to go to Destination Science	Summer Camp for 1 week this summer because:						

Child's Signature _____

DESTINATION SCIENCE

A nonprofit organization dedicated to getting kids excited about science & 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 29th: 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

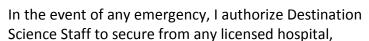
Email: _						Today's Date	e/	/2015
Child's I	Name(First)	(Last)	D	ООВ//_	Grade (Next Fall)	M / F School_		
2nd Child's I	Name(First)		D	ю//_	Grade	M / F School_		
Address	s		City	/		State _	Zip	·
Cell ()	Home ()		Work ()		
Emerge	ncy Contacts: 1. Name (Relat	tionship)			Phone ()		
	2. Name (Relat	ionship)			Phone ()		
If Possil	ble, Please Group Me with the	e Following Friend: 1) _						
		Referral Retu Company Flier Dire		School Flier Other	· Magazir	ne Web S	Search	
Wk #	Choose Best Week *No Camp Friday, July 3 rd		List prog	ram locati	on		Awarded 50%	Awarde 100%
1								
		Extended Care: 0	Choose & Circle:	AM (\$30)	PM (\$45)			
2								
		Extended Care: 0	Choose & Circle:	AM (\$30)	PM (\$45)			
3								
		Extended Care: 0	Choose & Circle:	AM (\$30)	PM (\$45)			-
4								-
		Extended Care:	Choose & Circle:	AM (\$30)	PM (\$45)			_
			<u> </u>	γ (φοσή	(+ .0)	Subtotal	\$	\$
Multiply Subtotal by Number of Children Enrolling					x	x		
					Gra	and Total	\$	\$
PAYI	MENT METHOD	☐ Check or money or	rder enclosed	□ VISA		ИC		
Card Number			Exp Date Check #					
Name a	as it appears on Card/Chec	k				onth/Year		
Credit Card Billing Address Zip Code								

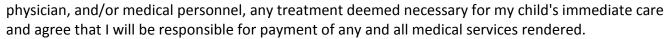
If different than Home address

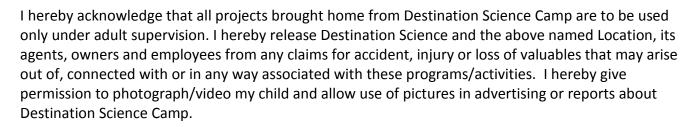
2015 Liability Waiver

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 chid(ren) while at 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.		