

DESTINATION SCIENCE

2019 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 February 2019 and ends May 31st, 2019.**

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 \$45,000.

Partial Scholarship: Parent/Guardian is responsible to pay \$170.00 per week of Destination Science tuition.
Annual household income must be less than \$60,000.

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 2018 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 1st come, 1st served!

Scholarships are limited to locations directly operated by Destination Science. This scholarship is not valid at any partnership location (i.e. a program where DS does not take the registration) and must be used in Summer 2019.

Scholarship Application

Child's Name _____ Parent/Guardian's Name _____

2018 Annual Income: less than \$45,000 less than \$60,000

- Yes, I have included the required copy of my 2018 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: _____

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 2019

Camp Hours: Monday through Friday, 9AM to 3:00PM. (Except on the week of July 4th)

Extended Care is available at most sites, \$35 AM, \$75 PM (8AM to 9AM and 3:00PM 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 ____/____/2019

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

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

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 _____

Wk #	Choose Best Week <small>*No Camp July 4th</small>	<i>List program location</i>	Partial \$170.00	Awarded 100%
1		Extended Care: <i>Choose & Circle:</i> AM (\$35) PM (\$75)		
		Extended Care : <i>Choose & Circle:</i> AM (\$35) PM (\$75)		
2		Extended Care: <i>Choose & Circle:</i> AM (\$35) PM (\$75)		
		Extended Care : <i>Choose & Circle:</i> AM (\$35) PM (\$75)		
3		Extended Care: <i>Choose & Circle:</i> AM (\$35) PM (\$75)		
		Extended Care: <i>Choose & Circle:</i> AM (\$35) PM (\$75)		
4		Extended Care: <i>Choose & Circle:</i> AM (\$35) PM (\$75)		
		Extended Care: <i>Choose & Circle:</i> AM (\$35) PM (\$75)		
Subtotal			\$	\$
Multiply Subtotal by Number of Children Enrolling			x	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

2019 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. _____
3. _____
4. _____