

# DESTINATION SCIENCE

## Scholarship Application 2026

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 1<sup>st</sup> come, 1<sup>st</sup> 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 \$40,000.

#### Partial Scholarship:

Parent/Guardian is responsible to pay \$200.00 per week of Destination Science tuition.

Annual household income must be less than \$65,000.

#### Please submit:

1. A copy of the parent or legal guardian's 2025 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 2026.

Child Name \_\_\_\_\_

Parent Name \_\_\_\_\_

#### 2025 Annual Household Income:

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

less than \$65,000  
 less than \$40,000

Yes, I have included the required copy of my 2025 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 2025 taxes  
2. Scholarship application for each child  
3. Camp Registration form  
4. Liability waiver.

**Email To:** [info@destinationscience.org](mailto: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) \_\_\_\_\_

Referral    Returning Camper    School Flier    Magazine    Web Search

Destination Service:  Direct Mail  Other \_\_\_\_\_

## PAYMENT METHOD

Check or money order enclosed

VISA

□ MC

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ month/year \_\_\_\_\_ Check # \_\_\_\_\_

Name as it appears on Card/Check

Credit Card Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

If different than Home address

## **2026 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. \_\_\_\_\_