

DESTINATION SCIENCE

2021 Summer In person 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 scholarships are limited and awarded on a 1st come, 1st served basis

Eligibility Requirements for Scholarship:

Partial Scholarship: Parent/Guardian is responsible to pay \$190.00 of Destination Science full registration fee.
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 2020 IRS Tax Return (**1040 Tax Return, first page line 7 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!

Scholarship Application

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

2020 Annual Income: less than \$60,000

- Yes, I have included the required copy of my 2020 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

Scholarship for Camp Registration for 2021

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 ____/____/2021

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

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

Address to ship supplies: _____ 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 July 4th	List program	Partial \$190.00
1			
2			
3			
4			
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

