



Corpus Christi Museum of Science and History Summer Science Camp Scholarship Application 2017

1900 N. Chaparral
Corpus Christi, TX 78401
(361) 826-4667

Dear CCMSH Scholarship Applicant:

CCMSH awards scholarships based on the child's financial need, and the parent's and child's submissions. Scholarships are limited; a scholarship application does not guarantee a spot in the summer program. Scholarships are awarded for one week only. CCMSH will award two kinds of scholarships: either a full cost award (valued at approximately \$240) or a partial cost award (valued at approximately \$120). Any applicants that are awarded a partial cost scholarship will be required to pay the remaining balance at least one week prior to the week the child is registered. Please note the camp counselors will not know which campers are on scholarship and which are not.

The following five (5) documents must be submitted for scholarship consideration:

1. Application check list
2. Applicant Information
3. Parent/Guardian Submission: This form must be completed by a parent or guardian. Please indicate if you want a full cost or partial cost award.
4. Participant Submission: This form must be completed by the child applying for the scholarship.
5. A copy of the parent or legal guardian's 2016 tax return (please black out all Social Security numbers) **OR** a letter from the child's school stating they receive free or reduced lunch.

Only complete applications will be considered. The information submitted will be reviewed thoroughly by a committee, and kept confidential. All scholarship materials must be received by May 12, 2017.

Please email your scholarship application: SarahC@cctexas.com

OR mail it to: Attn: Adrien Hilmy, Camp and Evening Programs Manager
Corpus Christi Museum of Science & History
Summer Camp Scholarships
1900 N Chaparral St.
Corpus Christi TX 78401

If you are awarded a scholarship, you will be notified by May 19, 2017. If all scholarship monies have been awarded, your application will be placed on a waiting list and you will be notified if one becomes available. If you have any questions, please feel free to call (361) 826-4667.

Thank you,
Adrien Hilmy
Camp and Evening Programs Manager



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Application Check List

Please make sure all forms are attached and complete. **Any incomplete applications will not be considered for scholarships.**

- Applicant Information: Please fill out completely.
- Parent/Guardian Submission: This form must be completed by a parent or guardian. Please indicate if you want a full cost or partial cost award.
Full Cost Scholarship _____ or Partial Cost Scholarship _____
- Child's Submission: This form must be completed by the child(ren) applying for the scholarship. One submission is needed for each child applying.
- A copy of the parent or legal guardian's 2016 tax return (please black out all Social Security numbers) **OR** a letter from the child's school stating they receive free or reduced lunch.
- I certify that the information contained herein is true and complete to the best of my knowledge.
Signed: _____
Date: _____

Application Submission

To keep this form confidential, please submit it one of the following ways:

In Person or Via Mail:

Please drop off completed application in a sealed envelope addressed to:

Attn: Adrien Hilmy, Camp and Evening Programs Manager
Corpus Christi Museum of Science & History
Summer Camp Scholarships
1900 N Chaparral St.
Corpus Christi, TX 78401

Via Email: Please scan all forms and send in one document to SarahC@cctexas.com.



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Applicant Information *(please print legibly)*

Parent/Guardian Name: _____

Phone number: _____

Email address: _____

Parent's or Legal Guardian's Occupations: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Grade child will have completed in May 2016: _____

Zip code of child's primary residence: _____

School child attended in May 2016: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Grade child will have completed in May 2016: _____

Zip code of child's primary residence: _____

School child attended in May 2016: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Grade child will have completed in May 2016: _____

Zip code of child's primary residence: _____

School child attended in May 2016: _____

Total Combined Household Income for the Year of 2016 (*circle one*)

\$0 - \$9,999

\$10,000 - \$14,999

\$15,000 - \$24,999

\$25,000 - \$49,999

\$50,000 - \$74,999

\$75,000+

Race/Ethnicity (*optional*) (*circle those that apply*)

White (non-Hispanic)

Hispanic/Latino

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian and Other Pacific Islander



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Parent/Guardian Submission

This form must be completed by a parent or guardian. Please explain in 400 words or less why you are seeking financial assistance. Include the number of family members in the household, the number of children in college or private schools, special circumstances (high medical bills or unemployment), and any other pertinent information. This information will be kept confidential.

Print or type in the space below.



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Child's Submission

This form must be completed by **each child** applying for the scholarship. CCMSH would like to know why you are interested in coming to the science summer camp. The submission can be art work, a written or typed letter, a poster or any other medium you think would be the best way to share your interest in science. Use your imagination, creativity counts! You may use the space below or attach photos, etc. Please answer the following question:

Why do you want to come to Science Camp?