



## Adventure TECH Scholarship Application Form

I am requesting assistance for the following camp(s): \_\_\_\_\_

Full Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Legal Name Parent or Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade Level as of 8/2019: \_\_\_\_\_

Gender of Camper:  Male  Female Hispanic/Latino:  Yes  No

Ethnicity:

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native            | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Asian                                    | <input type="checkbox"/> White / Caucasian        |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Prefer not to say        |
| <input type="checkbox"/> Other / Multiple                         |   |

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*To serve the highest number of students possible, scholarships are awarded for partial tuition only. Percentages will be based on total number of awardees, available funds and matched criteria. Application for a scholarship does not guarantee award. Transportation is not provided.*

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1) *(Must be completed by the camper)* **Please tell us why you are interested in this camp. Be specific about your interests and/or future goals. Is this a career area you might want to pursue?**

2) *(May be completed by parent/sponsor)* **How will this scholarship benefit the student in the long term?**



**Student Commitment Statement:**

I agree to abide by the Adventure TECH policies, including standards of behavior and dress code. Expulsion from camp for disruptive, violent, or otherwise unacceptable behavior will deny any future scholarship awards.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by Program Coordinator:**

Student requesting: \$\_\_\_\_\_ for course (s) starting date: \_\_\_\_\_

This scholarship applies to the following courses/ books/ materials and corresponding fees:

Course Number	Camp Name	Fee

Program Coordinator signature: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Total student responsibility: \$\_\_\_\_\_

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**To be completed by scholarship approver:**

**Total scholarship award:** \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

Funding Source & Acct #: \_\_\_\_\_