



# Buffalo Museum of Science Discovery Camp Scholarship Application

**1<sup>st</sup> time applicant:** *Application and a letter attesting to character and interest from a teacher or counselor are required. In an essay or a drawing the camper should describe why they would like to take part in Science Camp.*

**Repeat Applicant:** *In an essay or drawing the camper should describe what they liked about Science Camp and why they want to come back.*

**Requirement: Financial Need**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!**

**PLEASE PRINT CLEARLY**

1<sup>st</sup> choice camp session \_\_\_\_\_ 2<sup>nd</sup> choice camp session \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

*Monthly* Family Income: \_\_\_\_\_ Total # of people in family: \_\_\_\_\_

Briefly explain circumstances which would indicate scholarship need:

I certify that the financial situation of the child nominated warrants that he/she be given the opportunity to attend Buffalo Museum of Science camp on a scholarship.

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian (signature)

Completed applications can be faxed to 897-6723 or mailed to:  
Staci A. Cameron, Community Partners Coordinator  
Buffalo Museum of Science  
1020 Humboldt Parkway  
Buffalo, New York 14211

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/>	Scholarship Application Form completed
<input type="checkbox"/>	Demographic Form completed
<input type="checkbox"/>	Camper Essay/Drawing
<input type="checkbox"/>	Teacher/Counselor Letter



# Camp Scholarship Participant Demographics Form

Please complete the information below. The information will be used by the Buffalo Museum of Science for STATISTICAL PURPOSES ONLY. This information will be used for the sole purposes of determining scholarship awards and group reporting to funders and individual data will not be released and/or shared with any third party partners, associates and/or affiliates.

**1. Please share the group to which you belong:**

*Please check all that apply.*

<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other/Multi-Racial (please specify):

**2. Please share your Household Income:**

*Please place a check in only one box.*

1 person household		2 person household		3 person household		4 person household		5 person household		6 person household		7 person household		8 person household	
<input type="checkbox"/>	\$13,400 or less	<input type="checkbox"/>	\$15,300 or less	<input type="checkbox"/>	\$17,200 or less	<input type="checkbox"/>	\$19,100 or less	<input type="checkbox"/>	\$20,650 or less	<input type="checkbox"/>	\$22,200 or less	<input type="checkbox"/>	\$23,700 or less	<input type="checkbox"/>	\$25,250 or less
<input type="checkbox"/>	\$22,300 or less	<input type="checkbox"/>	\$25,500 or less	<input type="checkbox"/>	\$28,700 or less	<input type="checkbox"/>	\$31,850 or less	<input type="checkbox"/>	\$34,400 or less	<input type="checkbox"/>	\$36,950 or less	<input type="checkbox"/>	\$39,500 or less	<input type="checkbox"/>	\$42,050 or less
<input type="checkbox"/>	\$35,700 or less	<input type="checkbox"/>	\$40,800 or less	<input type="checkbox"/>	\$45,900 or less	<input type="checkbox"/>	\$50,950 or less	<input type="checkbox"/>	\$55,050 or less	<input type="checkbox"/>	\$59,150 or less	<input type="checkbox"/>	\$63,200 or less	<input type="checkbox"/>	\$67,300 or less
<input type="checkbox"/>	Above \$35,700	<input type="checkbox"/>	Above \$40,800	<input type="checkbox"/>	Above \$45,900	<input type="checkbox"/>	Above \$50,950	<input type="checkbox"/>	Above \$55,050	<input type="checkbox"/>	Above \$59,150	<input type="checkbox"/>	Above \$63,200	<input type="checkbox"/>	Above \$67,300

**3. Please describe your household:**

*Please check the appropriate box.*

<input type="checkbox"/>	Single-Parent Household	Circle one:	Mother	or	Father
<input type="checkbox"/>	Two-Parent Household				
<input type="checkbox"/>	Grandparent(s) as guardian(s)				
<input type="checkbox"/>	Other Family Member as guardian(s)				
<input type="checkbox"/>	Guardian (Non-Family member)				

**4. Please share your Councilmatic District:**

*Please check the appropriate box.*

<input type="checkbox"/> Delaware District	<input type="checkbox"/> Niagara District
<input type="checkbox"/> Ellicott District	<input type="checkbox"/> North District
<input type="checkbox"/> Fillmore District	<input type="checkbox"/> South District
<input type="checkbox"/> Lovejoy District	<input type="checkbox"/> University District
<input type="checkbox"/> Masten District	<input type="checkbox"/> Not a City of Buffalo Resident

**5. Please share your address:** \_\_\_\_\_  
*House Number & Street Name only*