

SCHOLARSHIP APPLICATION

Please complete all fields and email to: support@techventurekids.org

Club/Camp Name:	
Starting Date of the Class:	Location of club/camp:

Part 1: Student & Family Contact Information

Applicant Student/ Student Name:	First:	Last:
School Name:		
Grade / Teacher:		
Student Date of Birth: (mm/dd/yy)		
Parent/Guardian Name(s):	First:	Last:
Parent/Guardian Email:		
Primary Phone:	()	
Alternate Phone:	()	
Home/Mailing Address:	(street)	
City:	State:	Zip:

Part II: Financial/Need Information (parent/guardian to complete)

Student is enrolled in their Free and Reduced School Lunch Program? YES NO
 If Yes, % _____

If requested, can you provide proof of enrollment in this program? YES NO

Scholarships typically cover 90% of the cost of the club/camp. If a scholarship is offered and accepted, Parent(s)/Guardian(s) agree to pay the balance of the class fee no later than 7 days before the start of the class. Scholarships cannot be awarded until the student class minimum is met, typically 10-12 students. All offers will be written.

I certify that this information is correct,

Parent/Guardian(print name): first _____ last _____

Parent/Guardian Signature: _____ Date: _____