



SCHOLARSHIP APPLICATION

Parents fill out the top section and return the form to the school for completion and submission. Incomplete applications may delay the process. Please send forms early! Applications must be postmarked by April 27, 2009 to be considered.

DIRECTIONS TO PARENT: FILL OUT TOP INFORMATION AND RETURN TO SCHOOL OFFICIALS IMMEDIATELY. DO NOT SUBMIT DIRECTLY TO ADVENTURE SCIENCE CENTER.

Camper's Name: _____

Name of Parent/Guardian: _____

Parent Address: _____

City _____ ST _____ Zip _____

Parent Phone Day: _____ Evening: _____ Cell: _____

CHOOSE FROM THE FOLLOWING AVAILABLE SUMMER CAMP DATES.

May 26-29

June 1-5

June 8-12

June 15-19

June 22-26

The scholarship pays for one week of summer camp. Campers rising into Kindergarten through 6th grade are eligible. Choose from the dates listed above. Select two dates, a first date and an alternate. Read the attached sheet for descriptions of camp topics. Camp choices are based on the grade the child enters next school year. Choose only from the dates listed. Parents provide transportation and a sack lunch for each day of camp. Extended care is available for \$20 per week per care time and is not included in the scholarship. **If your child is chosen, you will receive confirmation from Adventure Science Center, then you MUST submit a Non-Refundable \$25 deposit to hold your place in the program.**

Dates of First Choice: _____ Dates of Second Choice: _____

THE APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING SECTIONS ARE SIGNED BY THE PARENT/GUARDIAN.

CAMP POLICY: I understand that the camp date is not transferable to another date. I understand that I must pick up my child within the posted times for camp or I will pay extra fees. I understand that an authorized adult of 18 years or older that possesses the authorization card must personally sign the camper in or out from camp. I understand that my child is expected to maintain appropriate behavior and the Adventure Science Center can choose to remove a camper that has difficulty adapting to the camp environment. Adventure Science Center is not responsible for loss of personal property.

PHOTO RELEASE: I give Adventure Science Center permission to photograph my child and use pictures for displays, marketing materials and other publicity to promote camps. Pictures will only be used by Adventure Science Center

Parent/Guardian Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY PARENT

School Name _____

School Address _____

City _____ State _____ Zip _____ School Phone _____

Name of school staff person making recommendation _____

Your Title _____ Your contact phone _____

Child's Name _____

Next Grade Level _____ Date of Birth: _____ Gender: male female

Child's teacher's name _____

School Staff: All information on this form must be completed in full to be considered. Mail this form to Registrations, Adventure Science Center, 800 Fort Negley Boulevard, Nashville, TN 37203. Please do not fax this form. Submission of this application does not guarantee a scholarship. Upon acceptance into the program a Non-Refundable \$25 deposit is required.

For questions about this program, please email John Hawkins at jhawkins@adventuresci.com.

TO BE COMPLETED BY SCHOOL OFFICIALS