

PROGRAM SCHOLARSHIP APPLICATION

Great Lakes Science Center is a not-for-profit educational organization dedicated to making science, technology, engineering and math come alive. We are grateful to the individuals and organizations whose donations make these scholarships possible.

To apply for a scholarship, please fill out this form and attach the required documentation. Then mail, email or fax your materials to –

Great Lakes Science Center
ATTN: GLSC Scholarships
601 Erieside Ave.
Cleveland, OH 44114
Fax: 216-696-2142
Email: scholarships@glsc.org

APPLICATION INFORMATION AND INSTRUCTIONS:

- Funding available varies each year; therefore, we cannot guarantee scholarships to all who apply.
- Please complete a separate scholarship application for each program/child. PLEASE PRINT LEGIBLY.
- Please remember to attach all required documentation.
- Scholarship applications will be reviewed in the order received. Incomplete applications will not be reviewed.
- All scholarship recipients must provide feedback through a Quality Survey. Summer Camp recipients will receive a link to the survey at the end of their Camp. Great Science Academy recipients will receive a link after the first three months of the program.
- **Good Faith Deposits:** some scholarships require deposits. Deposit amounts (check or money order) should be included with the application and are as follows:
 - Summer Camps: **\$25**
 - Great Science Academy: **\$50**

Deposits will be refunded as follows:

- **Summer Camps:** refunded if you do not receive a scholarship. If a scholarship is received, the deposit is refunded after participation in the camp/program and completion of the Quality Survey.
- **Great Science Academy:** refunded if you do not receive a scholarship. If a scholarship is received, the deposit is refunded after participation in the first 3 months of the program and completion of the Quality Survey.

ELIGIBILITY REQUIREMENTS

Scholarship eligibility is determined by total household size and yearly income. The table (right) presents maximum income levels for various household sizes and reflects 200% of the 2016 Federal Poverty Levels. (Note: "Household" includes all people (adults and children) living in the home.)

Total Household Size	Yearly Income	Monthly Income
2	\$32,040	\$2,670
3	\$40,320	\$3,360
4	\$48,600	\$4,050
5	\$57,680	\$4,807
6	\$65,160	\$5,430
7	\$73,460	\$6,122
8	\$81,780	\$6,815

NOTE: If an applicant does not meet these criteria but can prove extenuating circumstances the application may be taken into consideration. All extenuating circumstances must be documented.

ACCEPTABLE FINANCIAL DOCUMENTATION: [required for all adults in the household]

- | | | |
|--|----|--|
| <ul style="list-style-type: none"> • Prior year's tax return • Proof of free/reduced lunch | Or | <ul style="list-style-type: none"> • Prior year's tax return/Self Employed – Schedule C • Last 2 pay stubs/unemployment check stubs • Child Support/Alimony payment • Social Security or Disability Checks • WIC, TANF, ADC and/or DHCP |
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GREAT LAKES SCIENCE CENTER SCHOLARSHIP APPLICATION FORM
 (please complete a separate application for each scholarship requested)

Youth Name [Last]		[First]	[Middle]	Birth Date	Age
Guardian Name [Last]		[First]	[Middle]	Primary Phone	Other Phone
Street Address			City	State	Zip
School			Current Grade		
Email					

List Family Members in Household				Family Size		
Name		Age		Relationship		Date of Birth
Name		Age		Relationship		Date of Birth
Name		Age		Relationship		Date of Birth
Name		Age		Relationship		Date of Birth
Name		Age		Relationship		Date of Birth

Use additional sheets if necessary

SCHOLARSHIP REQUEST: *[select the program for which you are applying]*

___ Summer Camp <small>List your camp title, site and date below</small>	___ Great Science Academy <small>Choose your grade level below</small>	___ Other Short-term Program <small>(Please indicate title/date of program)</small>
#1	___ 6 th Grade – Great Lakes	
#2	___ 7 th Grade – Space and Aeronautics	
#3	___ 8 th Grade – Biomedical Technology	
	___ 9 th Grade – Design and Innovation	

Has a member of your family ever received a GLSC Scholarship? ___ YES ___ NO

If yes, title of program _____ Date: _____

Please describe any **special circumstances** that should be considered when reviewing your scholarship application.
Use additional sheets if necessary

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing form

Date:

Office Use Only	Received: _____	By: _____		
Documentation included:	Federal Tax Return Unemployment	Pay Stubs Child Support/Alimony	SSI/Disability Rent Assistance	Free/Reduced Lunch TANF/WIC ADC
Approved	Date	Applicant Notified	Date	
Denied - Reason	Date	Applicant Notified	Date	
Program	Date	Scholarship Total	Date	