



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. Then mail or email your materials to:

Great Lakes Science Center
ATTN: Scholarships
601 Erieside Ave.
Cleveland, OH 44114
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.
- Scholarship applications will be reviewed in the order received. Incomplete applications will not be reviewed.

**Please do not submit pay stubs, tax returns
or other sensitive information**

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

SUMMER CAMP CURIOSITY Scholarships include one week (Monday – Friday) of camp. Camps include before-care, after-care and lunch.		
<input type="checkbox"/> June 6 – June 10	<input type="checkbox"/> July 4 – July 8	<input type="checkbox"/> August 1 – August 5
<input type="checkbox"/> June 13 – June 17	<input type="checkbox"/> July 11 – July 15	<input type="checkbox"/> August 8 – August 12
<input type="checkbox"/> June 20 – June 24	<input type="checkbox"/> July 18 – July 22	<input type="checkbox"/> August 15 – August 19
<input type="checkbox"/> June 27 – July 1	<input type="checkbox"/> July 25 – July 29	

Please indicate lunch preference:	
<input type="radio"/>	Non-vegetarian
<input type="radio"/>	Vegetarian
<input type="radio"/>	Gluten-free

GREAT LAKES SCIENCE CENTER SCHOLARSHIP APPLICATION FORM

(please complete a separate application for each scholarship requested)

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

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: <input type="checkbox"/>			
Approved	Date	Applicant Notified	Date
Denied – Reason	Date	Applicant Notified	Date
Program	Date	Scholarship Total	Date