

PROGRAM SCHOLARSHIP APPLICATION

Great Lakes Science Center is a not-for-profit educational organization dedicated to making science, technology, engineering and math come alive. Thanks to the generosity of our Sponsors, Learning Lab scholarships are available to students who qualify for free or reduced lunch at their school. We are grateful to the individuals and organizations whose donations make these scholarships possible, including Great Science Gala attendees, Rockwell Automation and SIM Technologies.

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. Learning Lab recipients will receive a link after their last session.

Acceptable Proofs of Eligibility

- Letter from your school or district verifying your family qualifies for the National Free
 - & Reduced Lunch Program

or

 Letter from your school or district verifying your entire school or district qualifies for the National Free & Reduced Lunch Program. (If applicable)

If you do not qualify via these methods, but are experiencing hardship due to extenuating circumstances please include that information on your application.

GREAT LAKES SCIENCE CENTER LEARNING LAB SCHOLARSHIP APPLICATION FORM

(please complete a separate application for each scholarship requested)

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

SCHOLARSHIP REQUEST: [select the 5 dates for which you are applying]

List your preferred dates below
#1
#2
#3
#4
#5

NO

Has a member of your family ever received a GLSC Scholarship?	YES
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Please list any **special circumstances** that should be considered when reviewing your application.

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	Date:		
Office Use Only	Received:	Ву:	
Documentation includ	ed:		
Approved	Date	Applicant Notified	Date
Denied - Reason	Date	Applicant Notified	Date
Program	Date	Scholarship Total	Date