Discovery Camp Scholarship Application Process

Each year Discovery Camp offers scholarships for excellence in academics, attendance, and leadership, as well as for those who are in need of financial assistance. Our goal is to provide children who express an interest in science an opportunity to attend a session of our summer day camp. Each scholarship award will cover any one (1) week of Discovery Camp in 2016. Listed below are award names and their respective criteria.

**Seigler Bequest:** This scholarship is awarded for science interest. We are looking for applicants who are demonstrated scholars with a passion for science learning and who have a need for opportunities to pursue this interest.

**Walter Memorial Fund:** This scholarship is based on financial need. We are looking for applicants exhibiting financial need who would benefit from an environment where informal, hands-on science learning is presented.

**James A. Unruh Award:** This scholarship is for underrepresented populations in the science fields (minorities and girls) interested in the sciences, who demonstrate leadership and cooperation skills. We are looking for applicants who work well with peers, are social and academic leaders, and are curious about the world.

Ready to Apply?

**Scholarship Stipulations**

Carefully read the following guidelines and the entire application. Be sure that you understand all stipulations and sign below before submitting a scholarship application.

- You may only submit one type of application for each child. Applicants submitting more than one application will not be considered for any of the awards. If you are submitting applications for more than one child, please fill out a complete and separate application packet for each child.
- We will not return any documents submitted. You may want to make a copy of your application for your records.
- Applications must be received by 2 PM on April 22, 2016. No exceptions will be made.
- Make sure that all parts of the application packet are in one envelope and labeled Discovery Camp – Scholarships. You may submit the application packet in the following ways:
  - You may mail applications packets to: The Franklin Institute
  - Discovery Camp – Scholarships
  - 222 North 20th Street
  - Philadelphia, PA 19103
  - You may deliver your application packet to the Business Entrance on 20th Street, where there will be a drop box for them at the guard's desk between April 18th and April 22nd until 2 PM ONLY.
- No applicant may win a scholarship award two years in a row. If your child was granted an award in 2015, you must wait until 2017 to apply again.
- All applicants will be informed of the decision of the selection committee on May 13, 2016 through email. ALL DECISIONS ARE FINAL.
- If you do not receive a scholarship and wish to attend Discovery Camp, or if you receive a scholarship and would like to attend Discovery Camp for additional sessions, you will be required to fill out a registration form including payment information.

I have read and fully understand the steps necessary for submission of applications to the Discovery Camp Scholarship Program. I am aware that I may only submit one application per child and that no late or incomplete applications will be considered. I understand that if my child was awarded a scholarship in 2015, they will not be considered for a scholarship in 2016. I understand that all decisions are final.

Parent/Guardian Signature: __________________________ Date: ________________
Walter Memorial Fund

Please be sure to print legibly in all sections of the application. Difficulty in deciphering unclear letters/numbers may delay application response.

Part 1: Personal Information

Child Information

Name: ____________________________________________________________________________ Gender: M / F

Grade Level (entering Fall 2016): _________ Age: __________ Date of Birth: _____ / _____ / _____

School/School District Name: __________________________________________________________________________________________

Parent/Guardian Information

Name(s): __________________________________________________________________________________________

Address: __________________________________________________________________________ Phone: _______ - _______ - __________

Email: __________________________________________________________________________

Parent(s) will be notified of application response through email. Be sure to include a valid email address.

Permission and Information Form

In this packet you will find a 2016 Permission and Information Form. Carefully fill out both sides of this form and submit along with the application package.

Part 2: Financial Information

Do you qualify for free lunch or do you currently receive public assistance, social security or similar benefits?

☐ Yes. Please attach official documentation to support your affirmation and proceed to Part 3 of this application.

☐ No. Please continue to the next question.

How many dependents do you claim on your income tax record? __________

Please send proof of the items in Column A by submitting the items in Column B. In Column C, print the total for each item in Column A. You should provide as much detail about your expenses as possible, as this will establish your level of need for assistance.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Monthly Income</td>
<td>Most current two (2) pay stubs or Direct Deposit receipts</td>
<td></td>
</tr>
<tr>
<td>Housing Expenses</td>
<td>Most current rent receipt or cancelled check for rent or mortgage payment</td>
<td></td>
</tr>
</tbody>
</table>
### Utilities
Most current phone, gas, electric, water and sewage bills

### Childcare / Tuition
Current month’s receipt on facility letterhead or cancelled check

### Transportation
Cancelled check for car payment and insurance or estimate of Public Transportation Fares

### Food
Approximate monthly expenses

### Medical Expenses
Approximate monthly expenses

### Other Necessities
Approximate monthly expenses

Total Monthly Income from above: $[

Total Monthly Expenses from above: $[

Amount Remaining (subtract expenses from income) $[

If there have been any drastic changes in your financial status that you would like to explain, please do so on the lines below.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Part 3: Attendance and Academic Standing

**School History** - You must enclose the following:

- [ ] Official copies of the child’s report cards from last school year (2014-15)
- [ ] Official copies of the child’s report cards, so far, from the current school year (2015-16)

If the child was absent from school a lot, please tell us why:

__________________________________________________________________________________________________

**Evaluation Forms**

In this packet you will find two copies of the Adult Evaluation Form. Have two adults *not related to the child*, fill them out, seal them and sign the envelope across the sealed flap, and return them to you. One of them must be completed by a teacher. Include the two completed forms with your application package.

- [ ] Evaluation #1 – Filled out by:
- [ ] Evaluation #2 – Filled out by:
Extracurricular Activities
What does the child like to do in their spare time? Example: groups, classes, programs, hobbies, etc.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Service
How does the child contribute to their home or community?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Part 4: Session Preferences
Listed below are the dates and topics for each session of camp. In the blanks, please choose which session the child would like to attend. Write a 1 next to the session the child would most like to attend. Number the others to show the child’s 2nd, 3rd and 4th choices. We will do our best to accommodate the child’s interests. For more information on each session’s content, please check our website at: https://www.fi.edu/summer-camp

_______ June 13-17 Science Adventures
_______ June 20-24 Movie Mayhem
_______ June 27-July 1 Amazing Animals
_______ July 5-8 Make It! – Tech Week
_______ July 11-15 Make It! – Craft Week
_______ July 18-22 Mission to Mars
_______ July 25-29 Get Out!(side)
_______ August 1-5 Bodies in Motion
_______ August 8-12 Tools of the Game
_______ August 15-19 Escape!
_______ August 22-26 Build It Up: Past, Present, and Future
_______ August 29-Sept 2 Best of Summer 2016
Part 5: Questions/Essay
The section below is for the child to complete on separate sheets of paper. Answers will be judged according to age and grade level.

For children entering grades 1-3 in September 2016:
On separate sheets of paper, write your answers or draw your answers with labels telling what you have drawn.

1. What do you like about science?
2. How do you help your friends?
3. What do you want to learn about the topic for the first choice week you picked in part 3 above?
4. What would you like to be when you grow up?

For children entering grades 4-9 in September 2016:
Short Answer - Responses should be 1-2 sentences in length for each question.

1. What do you want to learn about your first choice camp topic (as listed in part 3 above)?
2. What are some ways you’ve used science in your life (not including school)?
3. If you were a scientist, what would you study? Why does that interest you?

Personal Essay - This essay should be no longer than one sheet of paper. It should have the child’s signature and today’s date at the bottom of the page.

Not everyone is interested in science. What makes you curious about science?

Statement of Honor
I hereby state that all the information enclosed in this application is true and that no documents have been altered, forged, or falsified.

Applicant’s signature: __________________________________________ Date: __________________________

Guardian’s signature: __________________________________________ Date: __________________________

Application Package Checklist:
Double check your application by using the checklist below. Have you:

☐ Signed and dated the Scholarship Stipulations
☐ Completed all parts of the application above
☐ Enclosed copies of your financial information
☐ Enclosed a completed 2016 Permission and Information Form
☐ Enclosed official copy of the child’s report cards from last school year (2014-15)
☐ Enclosed official copy of the child’s report cards, so far, from the current school year (2015-16)
☐ Enclosed two (2), completed and sealed Adult Evaluation Forms
☐ Enclosed the child’s Question/Essay answers with their name on them
☐ Signed and dated the Statement of Honor (both adult and child)

All items listed in the above checklist must be received by the deadline to be considered for this award. Submit your entire package by 2 PM on April 22, 2016. Late or incomplete entries will not be considered.

Send your application package to:
The Franklin Institute
Discovery Camp: Scholarships
222 North 20th Street
Philadelphia, PA 19103
YOU MUST RETURN THIS FORM BEFORE YOUR CHILD MAY ATTEND CAMP.

Please complete a separate form for each child attending camp. Thank you!

CAMPER INFORMATION
Child’s Name ___________________________________________ Grade in Jan. 2016 _____ / Grade in Sept. 2016 _____
Parents/ Guardian Names ___________________________________________
Operations or serious injuries (dates) _______________________________________
Chronic or recurring illness(es) _______________________________________
Comments ___________________________________________
Dietary Restrictions ___________________________________________
Current medications ___________________________________________
Allergies: (Please note whether the allergy is an ingested or a contact allergy) ________________________________
Does your child carry an Epi-Pen?  Y or  N  if Yes, what is the allergy? ________________________________
Please include a copy of your child’s Allergy Action Plan.

SNACK
Please check off the snacks your child is permitted to eat.
If your child can not have that snack, please pack an alternative.
*PreK/K classes will be offered Multi-Grain Cheerios as a morning snack daily.

Monday  ☐ Pepperidge Farm Goldfish  ☐ Multi-Grain Cheerios
Tuesday  ☐ Healthy Helpings Fruit Snacks  ☐ Friday  ☐ Honey Maid Graham Crackers
Wednesday  ☐ Herr’s Mini Pretzels  ☐ Supplemental Option  ☐ Raisins

SPECIAL NEEDS
Please list any mobility accommodations: ___________________________________________
Learning ability/developmental needs:
☐ Autism/Asperger’s  ☐ ODD/PDD  ☐ ADD/ADHD  ☐ Other: ________________________________
Does your child require wraparound services during the school year? If yes, will they be attending camp with the child? If no, what are some helpful support strategies? ________________________________
Comments ___________________________________________

FIELD TRIP RELEASE
I grant permission for my child(ren) to participate in field trips during the camp day. Parents will be informed of all field trips in advance.  ☐ Yes.  ☐ Yes, but only for walking field trips.  ☐ No, I do not.

PHOTO RELEASE
I grant permission for my child(ren) to be photographed during Camp. I fully understand that these photos may be used for our Camp newsletter or for advertising purposes.  ☐ Yes, I do.  ☐ No, I do not.

UNACCOMPANIED DEPARTURE (Campers 12 and over only)
I grant permission for my child(ren) to leave the museum unaccompanied (either by walking or taking public transportation) at the end of Camp at 4:00 PM.  ☐ Yes, I do.  ☐ No, I do not.
YOU MUST RETURN THIS FORM BEFORE YOUR CHILD MAY ATTEND CAMP.

CONTACT INFORMATION

Parents/Guardian ___________________________ Phone ___________________ Cell Phone ___________________

Email Address that is checked regularly ___________________________

Parents/Guardian ___________________________ Phone ___________________ Cell Phone ___________________

Email Address that is checked regularly ___________________________

Alternate Contact ___________________________ Phone ___________________ Cell Phone ___________________

ALTERNATIVE DEPARTURE

Please list anyone who will actually pick up your child(ren). Only these names will be allowed to pick up. All adults authorized for release must still present a photo ID at pick up. I grant permission for my child(ren) to leave with the following adult guardians other than those listed above:

Name: ___________________________ Phone ___________________

Name: ___________________________ Phone ___________________

RELEASE

I/We, (Parents / Guardian name), ___________________________ being the parent(s) or legal guardian(s) for, ___________________________ hereby give The Franklin Institute (TFI) staff permission to administer basic first aid when applicable, including the treatment of minor cuts, scrapes, burns (including sunburns) and stings. Medication will not be administered by TFI staff at any time. I hereby give permission to medical personnel and Emergency Medical Services selected by the staff of TFI to provide transportation and treatments, including X-rays and routine tests, for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/hospital where my child is transported to secure and administer treatment, including hospitalization and surgery, for my child. The completed forms may be photocopied for trips out of camp. I agree to assume financial responsibility for all medical and hospital expenses.

On behalf of the child / minor, I hereby release, discharge, and hold harmless, The Franklin Institute, and their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and/or damages, including attorney fees, arising out of my / our child’s participation in The Franklin Institute’s Discovery Camp, except for the willful misconduct or gross negligence of The Franklin Institute.

I / We have carefully read this release prior to its execution and I / we fully understand its contents.

_________________________________________
Signature of Parent /Guardian

_________________________________________
Relationship to Child

_________________________________________
Date

Please return Permission and Information Form to:
Discovery Camp
The Franklin Institute
222 N. 20th Street
Philadelphia, PA 19103

Or email to: discovery.camp@fi.edu
Or fax to: 215.448.1235

A 2016 PERMISSION AND INFORMATION FORM MUST BE ON FILE BEFORE YOUR CHILD CAN ATTEND A CAMP SESSION. IT WILL BE VALID FOR THE ENTIRE 2016 CALENDAR YEAR.
ADULT EVALUATION FORM

Applicant __________________________________________

1. What are some of the applicant’s distinguishing attributes?
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

2. How does the applicant interact with peers and adults?
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

3. How would the applicant benefit from a hands-on, science education day camp, such as The Franklin Institute’s Discovery Camp?
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

4. Please summarize your overall evaluation of this applicant.
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

5. How long have you known the applicant? __________________________

SIGNATURE ___________________________ DATE __________________________

NAME ___________________________ RELATIONSHIP TO APPLICANT __________________________

Please place this form in a sealed envelope, sign across the sealed flap, and return it to the applicant.
ADULT EVALUATION FORM

Applicant __________________________________________________________

1. What are some of the applicant’s distinguishing attributes?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

2. How does the applicant interact with peers and adults?
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_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

5. How long have you known the applicant? ____________________________

SIGNATURE ______________________________________________________ DATE __________
NAME __________________________________________________________ RELATIONSHIP TO APPLICANT __________________________

Please place this form in a sealed envelope, sign across the sealed flap, and return it to the applicant.