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 2015. Listed below are award names and their respective criteria.

Seigler Award: This scholarship is awarded for academic achievement and science interest. We are looking for applicants who are proven scholars with a passion for learning, and in particular, science learning.

Walters Award: 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 minorities (underrepresented populations in the science fields) and girls interested in science 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 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 May 1, 2015. No Exceptions.
- 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 acceptable 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 27th and May 1st until 2 PM ONLY.
- No applicant may win a scholarship award two years in a row. If your child was granted an award in 2014, you must wait until 2016 to apply again.
- All applicants will be informed of the decision of the selection committee on May 22, 2015 through email. ALL DECISIONS ARE FINAL.
- If you do not received 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 a child was awarded a scholarship in 2014, they will not be considered for a scholarship in 2015. I understand that all decisions are final.

Parent/Guardian Signature: _____________________________________________ Date: ___________________
Walters Award Application

This scholarship is for **students entering grades preK-2** and is awarded based on financial need and interest in informal science learning. This scholarship will cover any one week of Discovery Camp.

*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**

Child’s Name: ____________________________________________ Gender: M / F

Grade Level (entering Fall 2015): __________ 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.*

**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>
<tr>
<td>Utilities</td>
<td>Most current phone, gas, electric, water and sewage bills.</td>
<td></td>
</tr>
</tbody>
</table>

Walters Award – preK through 2nd Grade Application
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 your report cards from last school year (2013-14)  
☐ Official copies of your report cards, so far, from the current school year (2014-15)  
☐ Official notification of your attendance record for last school year (2013-14)**  
☐ Official notification of your attendance record from the current school year (2014-15)**

* If your child is in preK and did not receive report cards from their school, please check here ☐  
** If attendance is listed on your report card, you do not need to include additional attendance documentation.

If you were 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 you, 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: ________________________________________________
Service and Extracurricular Activities
What does your child like to do in their spare time? Example: groups, classes, programs, hobbies, chores and responsibilities, etc

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
______________________________________________________
____________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Has your child won any awards or honors? If they did, list the names and what they were for:

__________________________________________________________________________________________________

Part 3: Session Preferences, Permission and Information Form

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

_______ June 15-19 Fantastic Physics
_______ June 22-26 Wings, Wheels, and Watercraft
_______ June 29-July 3 Mystery of the Unseen
_______ July 6-10 Emergency!
_______ July 13-17 Space Stories
_______ July 20-24 Let’s Create!
_______ July 27-31 Breakdown
_______ August 3-7 From Field to Fork
_______ August 10-14 The League of Super Campers
_______ August 17-21 S.M.Art. (Science, Math,& Art)
_______ August 24-28 The Sounds of Summer
_______ August 31-Sept 4 Best of Summer 2015!

Permission and Information Form
In this packet you will find a 2015 Permission and Information Form. Carefully fill out both sides of this form and submit along with your application package.
Part 5: Picture Essays
The questions below are for children complete. Adults are encouraged to label or caption the pictures if needed. Answers will be judged according to age and grade level. You may use the back of this sheet, if necessary. Remember, if your child is entering grades 3-9, they should fill out the other version of this form, which includes written essays instead of picture essays.

On separate sheets of paper, draw your answers, and label your pictures or have your grownup tell us what you have drawn.

1. Draw something you have really enjoyed learning about.

2. Draw how you help your friends.

3. Draw what you want to learn about the topic for the first choice week you picked in part 3 above.

4. Draw what you would like to be when you grow up.

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 official copies of your report cards from last school year (2013-14)
☐ Enclosed official copies of your report cards, so far, from the current school year (2014-15)
☐ Enclosed official notification of your attendance record for last school year (2013-14)
☐ Enclosed official notification of your attendance record from the current school year (2014-15)
☐ Enclosed two (2), completed and sealed Adult Evaluation Forms
☐ Enclosed a completed 2015 Permission and Information Form
☐ Enclosed your (4) picture essays and written your name on them
☐ Signed and dated the Statement of Honor

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 May 1, 2015. 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
ADULT EVALUATION FORM

Applicant: __________________________________________________________

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

_______________________________________________________________________________
_______________________________________________________________________________

2. How does this applicant interact with peers and adults?

_______________________________________________________________________________
_______________________________________________________________________________

3. Why would you recommend this applicant for The Franklin Institute’s Discovery Camp? (Discovery Camp is a hands-on, science education day 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 this applicant’s distinguishing attributes?

_______________________________________________________________________________
_______________________________________________________________________________

2. How does this applicant interact with peers and adults?

_______________________________________________________________________________
_______________________________________________________________________________

3. Why would you recommend this applicant for The Franklin Institute’s Discovery Camp? (Discovery Camp is a hands-on, science education day 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.
A CURRENT PERMISSION & INFORMATION FORM FROM THE CALENDAR YEAR MUST BE ON FILE FOR YOUR REGISTRATION TO BE PROCESSED. **Please complete a separate form for each child attending camp.** Thank you!

**CAMPER INFORMATION**

Child’s Name__________________________Current Grade / Grade entering__________________________

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 or Rice Chex as a morning snack daily.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Pepperidge Farm Goldfish</td>
<td>❑ Clementines</td>
<td>❑ Herr’s Mini Pretzels</td>
<td>❑ Multi-Grain Cheerios OR Rice Chex</td>
<td>❑ Healthy Helpings Fruit Snacks</td>
</tr>
<tr>
<td>❑ Multi-Grain Cheerios OR Rice Chex</td>
<td>❑ Multi-Grain Cheerios OR Rice Chex</td>
<td>❑ Multi-Grain Cheerios OR Rice Chex</td>
<td>❑ Healthy Helpings Fruit Snacks</td>
<td>❑ Honey Maid Graham Crackers</td>
</tr>
</tbody>
</table>

**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.
CONTACT INFORMATION
Parents/Guardian __________________________ Phone ____________ Cell Phone ________________
Email Address that is checked regularly ______________________________________________________
Parents/Guardian __________________________ Phone ____________ Cell Phone ________________
Email Address that is checked regularly ______________________________________________________
Alternative 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 fax to: 215.448.1235
Or email to: discovery.camp@fi.edu