

2020 NOAA SCIENCE CAMP SCHOLARSHIP APPLICATION

For internal use only:			
Camper LN			
	July 6-10		
	July 13-17		
	JLP		

Needs-based scholarships are considered on a first-come, first-served basis. Please fill out the following registration information and have your school counselor or a professional who can speak to your financial situation *verify the need for financial aid*. We will review your application and notify you as soon as possible.

Please submit your scholarship application form to the address below (Junior Leadership Program applicants may submit this with their application materials):

Washington Sea Grant Maile Sullivan, Education Specialist 3716 Brooklyn Avenue NE, Box 355060 Seattle, WA 98105

I am applying for:			-		
Middle School Science Camp	<u>High</u>	High School Junior Leadership Program			
Session I : July 6-10, 2020		July 6-17, 2020			
Session II: July 13-17, 2020	2				
Either Session would work					
Participant Information:					
First Name:	Last Nam	e:			
Date of Birth:					fer not to answei
School:					
Grade in Fall 2020					
MS Camps: 6 th 7 th 8 th	JL Program:	9 th	10 th	11 th	12 th
T-Shirt Size: S M L XL XX	XL (shirts are in ad	lult size	s)		
Has camper attended NOAA Scien How did you hear about NOAA Sc					
Medical or behavioral conditions to	o be aware of:				

(A more extensive health form will be sent upon confirmation of registration.)

Parent/Guardian Name(s): _____

Address: _

Phone (indicate home, cell, work):

Email address:

Emergency Contact Information (name/phone #/relation to child):

NOAA Science Camp requires parents/guardians to create a password, or "kid code" to authorize the camper's release to whomever is picking them up each day. Please pick a one-word password that is easily remembered that can be used for this purpose (ie. Family pet, favorite food, etc.). We can remind of you of it on the first day of camp! Share this code only with those authorized to pick up your child. Please indicate your kid code here:

We traditionally offer partial scholarships to qualified applicants that cover 50% of the program's tuition. If selected, we will ask that you remit **payment of \$125 for campers and \$200 for Junior Leadership Program** upon acceptance to secure your child's spot in camp. However, if this cost is still a financial barrier that would prevent your child from attending, please indicate that here, and we will consider you for one of our limited full scholarships.

_____ Yes, please consider my child for the full scholarship.

Application endorsement from *School Counselor or other Representative* who can verify financial need for this applicant (This section MUST be completed to be considered for a scholarship):

There is typically a registration fee for each participant to attend NOAA Science Camp, however, a limited number of scholarships (partial and full) are available to cover the registration cost. This application certifies that the camper qualifies for free or reduced price student lunches or has sufficient financial need for a **scholarship**.

Doy	ou verify this	student's n	eed for a	scholarship?	(circle)	Yes	No

Name of person certifying camper need:

Title or affiliation:

Signature: _____

Email or phone number:

Please review and sign below:

Permission and Commitment:

The scholarship applicant listed has my permission to attend the NOAA Science Camp. I agree to waive, release and forever discharge the United States of America, the U.S. Department of Commerce and the National Oceanic and Atmospheric Administration (NOAA), Washington Sea Grant (WSG), JISAO, University of Washington (UW) and its employees and agents from any and all claims, liabilities, demands or causes of action, which may arise from my child's participation in the NOAA Science Camp. Specifically, I agree to waive any right to file suit under the Federal Tort Claims Act.

_____ Date: _____

Parent/Guardian's Signature:	Date:

Photo Release and Future Contact:

1. I give my permission to use images of my child in NOAA, WSG, and/or UW publications and websites that feature NOAA Science Camp. I understand that my child's name will never be used in conjunction with any published images. Yes INO

2. For the purposes of assessing participant experience and the long-term impact of participation, NOAA Science Camp requests permission to contact you in the future. I understand that my contact information will not be distributed to an outside party.

I give my permission for NOAA Science Camp to contact me in the future. Yes

$Ves \square No \square$

3. Affiliation:

I am NOT an employee of NOAA, WSG, or the University of Washington.

Parent/Guardian's Signature:

True 🗖 False 🗖 ____ Date:_____

Questions, please call: (206) 543-2822 or email: noaacamp@uw.edu

For more information, please visit the NOAA Science Camp Website: http://www.wsg.washington.edu/nsc