



SHELBY JEAN SUMMER CAMP SCHOLARSHIP

The **Shelby Jean Scholarship** is available for campers from ages 4-15 who meet special financial criteria. Our desire is to offer the gift of camp to children whose parents are dealing with critical financial hardships.

Scholarships are for 100% percent of the tuition cost. Included in the Shelby Jean Scholarship is one **Club SciKidz/Tech Scientific** t-shirt. Pre and Post Camp services are also available if needed.

If you feel your child will qualify for our scholarship please fill out the application below (one scholarship per family please). In order to qualify for the scholarship, parents must submit the following:

- A letter of recommendation from your child's teacher. If the child is Home Schooled, then it must be from another adult other than one of the child's parents. (Church, Scouts, etc.)
- Parents must submit a copy of their most recent pay stub(s).
- A copy of your most recent tax return or W-2 form(s) must be attached to the application.
- A completed application.

Send these three documents to:

Club SciKidz, LLC
ATTN: Scholarship Applications
106-B Hartwood Drive, Woodstock, GA 30189

NOTE: All camps EXCEPT camps with fees are available for scholarship.

All scholarship applications must be received by: April 1st.

All scholarship awards will be announced by: May 1st.

Incomplete submittals will not be returned or considered.

**SHELBY JEAN SUMMER CAMP SCHOLARSHIP
APPLICATION**

All of the information below is required.

NAME OF CHILD: _____

DATE OF BIRTH: _____

AGE: _____

GRADE: _____

PRIMARY ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

NAME OF PARENT (S) OR LEGAL GUARDIAN: _____

TOTAL NUMBER OF INDIVIDUALS IN HOUSEHOLD: _____

GROSS ANNUAL HOUSEHOLD INCOME (BEFORE TAXES): _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY, STATE, ZIP: _____

SCHOOL PHONE: _____

NAME OF CHILD'S TEACHER: _____

CLUB SCIKIDZ CAMP(S) PREFERENCE – LOCATION - DATE:

Parent/Guardian Signature: _____

Please print name: _____

Date: _____

Please write a brief description of why your child is an ideal candidate for the **Shelby Jean Scholarship**.

By signing below, I certify that all information provided in this application is true and accurate.

Parent/Guardian Signature:

_____ **Date:** ____/____/____.