Lancaster Science Factory Camp Scholarship Application

Thank you for your interest in camps at the Lancaster Science Factory. This application may be completed electronically or by hand. Please complete it fully to be considered. Only one application per student. If selected for a scholarship, a Lancaster Science Factory staff member will contact you with further details.

Child's Name:	_ Age:	Current	Grade:
Street Address: City	v:	State:	_Zip:
Primary Contact Name:	Phone:		
Email:			
Annual Household Income (select one)			
\$0 - \$20,000 \$20,001 - \$40,000 \$40,0001 - \$60,0	00 \$60	,001 – \$80,000	\$80,001 +
Number of people in household: (total of all adults and c	hildren)		
Part 1: Professional recommendation.			
Ex. Teacher, Guidance Counselor, Social Worker, Coach, Tutor, Clei	rgy Member.	Attach addition	al pages if needed.
Name: Job Title and Organizatio	n:		
Recommender Signature:			

Part 2: Written Request (by the child when possible)
What interests you about STEM subjects? What is something you might like to learn in camp?
Part 3: Statement:
I affirm that the information provided in this application is true and correct. I am applying for financial assistance t attend camps at the Lancaster Science Factory. I certify that I am financially unable to pay the regular fees.
Parent/Guardian Printed Name: Signature:
Date:

Please submit your completed application to:

Lancaster Science Factory Attn: Scholarships 454 New Holland Ave. Lancaster, PA 17602

Email: abakay@tlsf.org

Program spaces cannot be reserved without completing this form.

Scholarships are granted on a first-come, first-served basis. There is a maximum of 2 scholarships per child per program.