

LANCASTER  
**SCIENCE FACTORY**



**Girls Code Club Scholarship Application**

Thank you for your interest in the Girls Code Club. Please read and fill out this application carefully.

Child's Name: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Family Income (select most appropriate box)	Zero - \$10,000		\$30,001-\$40,000
	\$10,001-\$20,000		\$40,001-\$50,000
	\$20,001-\$30,000		Over \$50,001

Family Size (select most appropriate box)		2-3		4-5		6 or more
---	--	-----	--	-----	--	-----------

Please choose your **preferred** cohort. (Place 1 next to first choice, 2 next to second, and 3 next to third).

\_\_\_ **Cohort 1:** THIRD SATURDAYS (with some exception) from 9am – 10:30am  
 September 21<sup>st</sup>, October 19<sup>th</sup>, November 23<sup>rd</sup>, December 21<sup>st</sup>, January 18<sup>th</sup>, February 15<sup>th</sup>, March 14<sup>th</sup>,  
 April 18<sup>th</sup>, May 16<sup>th</sup>  
*Girls who attend 6 out of 9 sessions will be invited to a FREE family night at the Science Factory!*

\_\_\_ **Cohort 2:** THIRD SATURDAYS (with some exceptions) from 11am – 12:30pm  
 September 21<sup>st</sup>, October 19<sup>th</sup>, November 23<sup>rd</sup>, December 21<sup>st</sup>, January 18<sup>th</sup>, February 15<sup>th</sup>, March 14<sup>th</sup>,  
 April 18<sup>th</sup>, May 16<sup>th</sup>  
*Girls who attend 6 out of 9 sessions will be invited to a FREE family night at the Science Factory!*

\_\_\_ **Cohort 3:** FIRST FRIDAYS from 6pm – 7:30pm  
 October 4<sup>th</sup>, November 1<sup>st</sup>, December 6<sup>th</sup>, January 3<sup>rd</sup>, February 7<sup>th</sup>, March 6<sup>th</sup>, April 3<sup>rd</sup>, May 1<sup>st</sup>, June 5<sup>th</sup>  
*Girls who attend 6 out of 9 sessions will be invited to a FREE family night at the Science Factory!*

**Teacher or Other Professional Recommendation:**

(example: Social Worker, Physician, Tutor, etc.)

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for recommendation:**

---

---

---

---

---

---

Signature: \_\_\_\_\_

**Written request (by child) for attending summer camp (attach additional pages if needed):**

---

---

---

---

---

---

Child or Parent Signature: \_\_\_\_\_

**I hereby apply for financial assistance for the child and program listed above. I certify that I am financially unable to pay the regular fees.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (please print name) \_\_\_\_\_

**Submit completed application to:**

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

**OR** via email to [abakay@tlsf.org](mailto:abakay@tlsf.org)