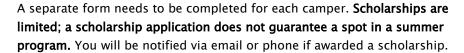
Discovery Center Camp Scholarship Application





Scholarship Eligibility: Due to the requirements of the grant funding these scholarships, campers must be Murfreesboro residents, and the camper's household must have an income equal to or less than 80% of the area median income (example: \$54,800 for a family of 4).

What to Submit:

Murfreesboro, TN 37130

- 1) A completed application, AND
- 2) Proof of income (most recent pay stub for each job currently held in the household) or a completed zero income found on page 3.

Drop off or mail completed application and income documentation to:

Discovery Center

Camp Scholarship

502 SE Broad Street

Or fax to:
(615) 849–9573

PARENT/GUARDIAN INFORMATION

Name:	
Address:	
	ST: Zip:
Phone Number:	Alt. Number:
Email:	
CAMPER INFORMATION	
Camper Name:	
Grade entering in the Fall: OK O1	O 2 O 3 O 4
	op three choices. <mark>Scholarships are <u>only</u> available for June 2017</mark>)
Camp	Dates
1	
2	
2	

O I will need camp extended care. Extended care is available from 8 am-5 pm. All camp days are 9 am-4 pm.

EMERGENCY CONTACT INFORMATION:			
Name & Phone Number:			
Physician's Name & Phone Number:			
ADDITIONAL INFORMATION Does your child have allergies, medications or any other such that the space below to tell us of any special needs or services.	·		
FINANCIAL INFORMATION Eligibility for scholarships is based on household size and is children) living in the household, related or not (grandparent)	income standards. <i>Household includes all people (adults and ts, other relatives, friends, etc.).</i>		
Please indicate your household size: O 2 O 3 O 4 O 5 O 6 O 7 O 8	O 9+		
Please indicate your estimated monthly household incomport, and social security:	come from all sources including wages, alimony, child		
\$			
Are other family members currently applying for assistan	ce from Discovery Center? O Yes O No		
Has anyone in your family previously received financial as Families fund? • Yes • No If yes, when?	ssistance through our scholarship or Families Helping		
WAINED			
	I activities at Discovery Center. I understand that Discovery d that my child's welfare is of the highest priority. I also e should any accident occur.		
child's allergies and special needs. I also grant permission t	ormation regarding my family's financial status as well as my to any employee of Discovery Center to use reasonable firstly event that I am unable to be contacted and a competent tion.		
By agreeing to this waiver, I have given Discovery Center primage to be used for promotion, or advertising purposes. The	permission for the use of my child, child's name, picture, or lesse images are the property of Discovery Center.		
 Parent/Guardian Signature	Parent/Guardian Name (please print)		

CERTIFICATION OF NON- INCOME (IF APPLICABLE)

- 1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);

I certify that the information presented in this certification is true and accurate to the best of my knowledge.				
Signature of Davort (Cronding	Drinted Name of Devent/Cuandian	Dete		
Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date		