

Discovery Center Camp Scholarship Application



A separate form needs to be completed for each camper. **Scholarships are limited; a scholarship application does not guarantee a spot in a summer program.** You will be notified via email or phone if awarded a scholarship.

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:

- 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
Murfreesboro, TN 37130

Or fax to:
(615) 849-9573

PARENT/GUARDIAN INFORMATION

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone Number: _____ Alt. Number: _____

Email: _____

CAMPER INFORMATION

Camper Name: _____

Grade entering in the Fall: K 1 2 3 4

CAMP PREFERENCE *(Please select your top three choices. Scholarships are only available for June 2017)*

Camp	Dates
1. _____	_____
2. _____	_____
3. _____	_____

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: _____
(person to contact if parents cannot be reached)

Physician's Name & Phone Number: _____

ADDITIONAL INFORMATION

Does your child have allergies, medications or any other special needs or sensitive requests? Yes No
Use the space below to tell us of any special needs or sensitive requests for your child. (allergies, medications, etc)

FINANCIAL INFORMATION

Eligibility for scholarships is based on household size and income standards. *Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.).*

Please indicate your household size:

2 3 4 5 6 7 8 9+

Please indicate your estimated monthly household income from all sources including wages, alimony, child support, and social security:

\$ _____

Are other family members currently applying for assistance from Discovery Center? Yes No

Has anyone in your family previously received financial assistance through our scholarship or Families Helping Families fund? Yes No If yes, when? _____

WAIVER

I hereby grant permission for my child to participate in all activities at Discovery Center. I understand that Discovery Center at Murfree Spring staff will supervise my child and that my child's welfare is of the highest priority. I also understand that Discovery Center will not be held responsible should any accident occur.

I certify that I have provided all necessary and accurate information regarding my family's financial status as well as my child's allergies and special needs. I also grant permission to any employee of Discovery Center to use reasonable first-aid measures and give consent for treatment in the unlikely event that I am unable to be contacted and a competent medical professional feels that my child needs medical attention.

By agreeing to this waiver, I have given Discovery Center permission for the use of my child, child's name, picture, or image to be used for promotion, or advertising purposes. These 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 Parent/Guardian

Printed Name of Parent/Guardian

Date
