

The Mobile STEaM Lab

2024-2025 Scholarship Application & Recommendation Form

Summer Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, sex, or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Please fill out one form per child.
- Scholarships will be awarded based on need.
- Applicants must be between the ages of 7-12.
- Applicants must have transportation to and from the venue location.
- Attach a copy of your most recent income verification papers.

Need-based Application: Demonstrated financial need based on household income relative to number of family members.

The applicant stated herein is applying to receive a scholarship to attend a science program featuring The Mobile STEaM Lab (MSL). Your candid assessment of the applicant's interest in learning, character, and attitude will help inform our decision.

To share this program with as many children as possible, MSL will offer a 100% scholarship based on the financial need of the applicant's family. We wish to serve the largest number of campers with funding reserved for financial assistance.

All requests submitted to MSL are confidential and are only used to determine financial need.

Incomplete or late applications will not be considered.

In addition, we ask that you select three camps in which you are interested. If your first choice is not available, we will do our best to place you in another of your preferred programs. Please be sure to fill out the entire application with the correct dates and names of programs.

For a complete program schedule, visit <http://www.themobilesteamlab.org>.

Applications must be received by April 1, 2025 to be considered for April & May programs.

Applications must be received by May1, 2025 to be considered for June& July programs.

Summer Program Preferences

	Camp Name / Dates
1 st Choice	
2 nd Choice	
3 rd Choice	

Please provide this information along with your written letter.

Child's Name: _____

Birthdate: _____

Parent/Guardian's Name: _____

Mailing Address: _____

Home/Cell Phone: _____

1. Does your child qualify for the free lunch program at his or her school? **Yes No**

If you answered yes, please skip to number 3.

2. Monthly Income from ALL sources: **GROSS** **NET**

Earnings (Salary/Wages/Commissions) _____ _____

Agency Subsidy (Welfare/SS) _____ _____

Other (Alimony/Child Support) _____ _____

TOTAL _____ _____

Total number of adults & children living on income represented here: _____

Employer's Name: _____

Employer's Phone Number _____

COPY OF INCOME VERIFICATION (W2, PAYSTUB, VOUCHER, SS, TAX RETURN)

This information will be kept confidential and used only in determining financial eligibility

3. Are there any special circumstances that you feel we should be aware of in determining financial assistance? (Include this information in attachment or on back of this form).

4. Payment (Each scholarship requires you to pay a \$25 registration fee. This fee will only be processed if your application is approved).

Check/\$ Order ___ Credit Card: MasterCard ___ Visa ___ American Express ___ Discover ___

Cardholder Name (as it appears on card): _____

Card Number: _____

Exp. Date: _____

5. I certify that the above information is true and authorize MSL to verify all information on this form.

Signature of Parent/Guardian: _____

Date : _____