

**Poudre Learning Center**

8313 West F Street, Greeley, CO 80631

970.352.1267

**SUMMER SCIENCE THROUGH ART CAMP****I. STUDENT INFORMATION**

Name:			
Date of birth:	Gender (mark your answer): <input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	
Current School:	Current Grade: <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup>		
School Grade Next Year:			
Ethnicity (check all that apply):			
<input type="checkbox"/> Native American or Native Alaskan	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other: _____	

**II. PARENT INFORMATION**

Parents/Guardians:		
Address:		
State:	City:	ZIP Code:
Phone:	E-mail:	

**III. EMERGENCY CONTACT**

Name of a relative not living with you: (Nombre de un familiar que no vive en tu hogar)		
Address:		Phone:
City:	State:	ZIP Code:
Relationship to student (Parentesco al estudiante):		

**IV. HEALTH**

Do you have any health concerns that we need to be aware of? ¿Tienes problemas de salud de los cuales necesitamos enterarnos? <input type="checkbox"/> No <input type="checkbox"/> Yes- Please explain (explica): _____
Do you have any allergies? ¿Tienes alergias? <input type="checkbox"/> No <input type="checkbox"/> Yes- Please explain (explica): _____

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**V. PHOTO RELEASE**

By signing below, I hereby assign and grant to the Poudre Learning Center (PLC) the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my son/daughter during the summer science through art camp, or other activities related to this PLC program. I hereby release the PLC from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the PLC and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/ Guardian Signature: \_\_\_\_\_

**VI. PAYMENT**

Select one (Seleccione una opción):

Full payment is enclosed. Check or Money order # \_\_\_\_\_ Payable to the "Poudre Learning Center"

El pago completo esta incluido. Cheque o giro postal # \_\_\_\_\_ a pago del "Poudre Learning Center"

I will be applying for a **Partial Scholarship** and have enclosed partial payment of \$ \_\_\_\_\_ → Please fill out page 3 to be considered for the limited number of scholarships we have available. Aplicaré para una **beca parcial** y he incluido pago por \$ \_\_\_\_\_

→ Debe completar la solicitud en la página 3 para ser considerado para una de las becas disponibles.

**VII. SIGNATURES**

I certify that all information supplied by me in this application is accurate and complete. Aseguro que la información en esta solicitud esta exacta y completa.

Signature of student:

Date:

Signature of parent/guardian:

Date:

# Scholarship Application

<b>I. STUDENT INFORMATION</b>	
Name:	
Current School:	
Parent/Guardian:	
<b>II. NEEDS ASSESSMENT</b>	
I will need a partial scholarship? (¿Necesitará una beca completa ó parcial?)	
<input type="checkbox"/> Partial, My family can pay \$ _____ towards program registration fees (Parcial, podemos pagar \$ _____ para los costos del programa)	
Are you part of the Free or Reduced Lunch Program at school? ¿Calificas para el programa de almuerzo gratis o con precio reducido en la escuela?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
We ask that each participant pay a partial amount to encourage ownership in the program.	
<b>III. SHORT ESSAY</b>	
Please explain any circumstance that is keeping your family from being able to pay the full amount for this program. (Favor de explicar cualquier circunstancia que no le permite a tu familia pagar por este programa.)	
<b>IV. SIGNATURES</b>	
I certify that all information supplied by me in this application is accurate and complete. Aseguro que la información en esta solicitud esta exacta y completa.	
Signature of student:	Date:
Signature of parent/guardian:	