



2015 NOAA SCIENCE CAMP SCHOLARSHIP APPLICATION

For internal use only:

Camper LN _____

☐ July 6-10

☐ July 13-17

Needs-based scholarships are considered on a first-come, first-served basis. Please fill out the following registration information and have your school counselor or a professional who can speak to your financial situation *verify the need for financial aid*. We will review your application and notify you as soon as possible.

I am applying for:

Middle School Science Camp

Session I: July 6-10, 2015 _____

Session II: July 13-17, 2015 _____

Please submit your scholarship application form to the address below (Junior Leadership Program applicants may submit this with their application materials):

Washington Sea Grant

Maile Sullivan, Education Specialist

3716 Brooklyn Avenue NE, Box 355060

Seattle, WA 98105

High School Junior Leadership Program

July 6-17, 2015 _____

Participant Information:

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Gender:** M F

School: _____

Grade in Fall 2015

MS Camp: 6th 7th 8th **JL Program:** 9th 10th 11th 12th

T-Shirt Size: S M L XL XXL (shirts are in adult sizes)

Has camper attended NOAA Science Camp before? Y N **If yes, when?** _____

How did you hear about NOAA Science Camp? _____

Medical or behavioral conditions to be aware of: _____

(A more extensive health form will be sent upon confirmation of registration.)

Parent/Guardian Information:

Parent/Guardian Name(s): _____

Address: _____

Phone (indicate home, cell, work): _____

Email address: _____

Emergency Contact Information (name/phone #/relation to child):

NOAA Science Camp requires campers to be signed in and out by an authorized adult each day. **Please list adults in addition to parent/guardian filling out this form who will be authorized to sign out your child:**

We traditionally offer partial scholarships to qualified applicants that cover 50% of the program's tuition. If selected, we will ask that you remit **payment of \$125 for campers and \$200 for Junior Leadership Program** upon acceptance to secure your child's spot in camp. However, if this cost is still a financial barrier that would prevent your child from attending, please indicate that here, and we will consider you for one of our limited full scholarships.

_____ *Yes, please consider my child for the full scholarship.*

Application endorsement from *School Counselor or other Representative* who can verify financial need for this applicant:

There is typically a registration fee for each participant to attend NOAA Science Camp, however, a limited number of scholarships (partial and full) are available to cover the registration cost. This application certifies that the camper qualifies for free or reduced price student lunches or has sufficient financial need for a **scholarship**.

Do you verify this student's need for a scholarship? (circle) **Yes** **No**

Name of person certifying camper need: _____

Title or affiliation: _____

Signature: _____ Date: _____

Email or phone number: _____

Please review and sign below:

Permission and Commitment:

The scholarship applicant listed has my permission to attend the NOAA Science Camp, July 6-10 or July 13-17, 2015. I agree to waive, release and forever discharge the United States of America, the U.S. Department of Commerce and the National Oceanic and Atmospheric Administration (NOAA), Washington Sea Grant (WSG), JISAO, University of Washington (UW) and its employees and agents from any and all claims, liabilities, demands or causes of action, which may arise from my child's participation in the NOAA Science Camp. Specifically, I agree to waive any right to file suit under the Federal Tort Claims Act.

Parent/Guardian's Signature: _____ Date: _____

Photo Release and Future Contact:

1. I give my permission to use images of my child in NOAA, WSG, and/or UW publications and websites that feature NOAA Science Camp. I understand that my child's name will never be used in conjunction with any published images. Yes ☐ No ☐

2. For the purposes of assessing participant experience and the long-term impact of participation, NOAA Science Camp requests permission to contact you in the future. I understand that my contact information will not be distributed to an outside party.

I give my permission for NOAA Science Camp to contact me in the future. Yes ☐ No ☐

3. Affiliation:

I am NOT an employee of NOAA, WSG, or the University of Washington.

Yes ☐ No ☐

Parent/Guardian's Signature: _____ Date: _____

Questions, please call: (206) 543-2822 **or email:** noaacamp@uw.edu

For more information, please visit the NOAA Science Camp Website:

<http://www.wsg.washington.edu/nsc>