



SCHOLARSHIP APPLICATION

This application form and its contents are confidential. It is used to help us more effectively assess and meet the needs of the families participating in our program. Thank you for your assistance.

INSTRUCTIONS:

We ask that you complete this form in its entirety. You must also complete and sign a regular application form and submit the non-refundable \$35 application fee. We will inform you of our scholarship decision June 1.

Please mail to: **Dominican University of California**
Summer Odyssey
50 Acacia Avenue
San Rafael, California 94901

Student's Name

Parent's/Guardian's Name

Why are you applying for a scholarship?



TOTAL PROGRAM COST:

The cost of the Summer Odyssey Camp is \$425 (\$35 non-refundable registration fee and \$390 tuition fee). The registration fee of \$35 is required from all participating families. If you need to discuss the terms of enrollment further, or have any questions, please contact us at 415-485-3255.

50 ACACIA AVENUE
SAN RAFAEL, CALIFORNIA 94901

WWW.DOMINICAN.EDU

(continued on reverse side)

PARENTS/GUARDIANS EMPLOYMENT INFORMATION

| | |
|---------------|--------------------|
| Parent A Name | Occupation |
| Employer | Date of Employment |
| Parent B Name | Occupation |
| Employer | Date of Employment |

MONTHLY INCOME INFORMATION

| | | | |
|--------------------------------|-------------------|-------------------|----------------|
| A. Gross earnings of parent(s) | Parent A \$ _____ | Parent B \$ _____ | Total \$ _____ |
| B. Earnings from other sources | Parent A \$ _____ | Parent B \$ _____ | Total \$ _____ |
| C. Child Support | Parent A \$ _____ | Parent B \$ _____ | Total \$ _____ |
| D. Other | Parent A \$ _____ | Parent B \$ _____ | Total \$ _____ |

MONTHLY EXPENSE INFORMATION

| | | | |
|------------------------|-------------------|-------------------|----------------|
| A. Mortgage/Rent | Parent A \$ _____ | Parent B \$ _____ | Total \$ _____ |
| B. Car Payments | Parent A \$ _____ | Parent B \$ _____ | Total \$ _____ |
| C. Bank or School loan | Parent A \$ _____ | Parent B \$ _____ | Total \$ _____ |
| D. Other | Parent A \$ _____ | Parent B \$ _____ | Total \$ _____ |

OTHER SIGNIFICANT INFORMATION Please list any other significant information you think we should know.

AGREEMENT

To the best of my knowledge the above information is true and accurate. I do not have sufficient assets to allow me to comfortably pay the regular tuition fees. I recognize that there are many families applying for a limited number of scholarships from Summer Odyssey and, by signing below, give my word that I truly need the scholarship. If there are any changes in employment or financial status, I will contact the Summer Odyssey staff immediately.

Thank you very much for your assistance.

| | | |
|---------------------------|----------------------------|------|
| Parent/Guardian Signature | Print Parent/Guardian Name | Date |
|---------------------------|----------------------------|------|