

## Science Kids Scholarship Application

Name of Parent/Guardian \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone \_\_\_\_\_

Name of Child/Children \_\_\_\_\_

Age of Child/Children \_\_\_\_\_

Child's/Children's Current School(s) \_\_\_\_\_

Campus where are you applying (check one)  Sheridan  Cody

Class(es) that interest your child (rank in order)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Briefly tell us a little about your child's interests and why you are applying for this scholarship

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Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_