



Summer Program Scholarship Form

Scholarships are based on financial need and are awarded on a first-come, first-served basis. We encourage you to apply as early as possible. A parent or guardian must complete the application and will be required to pay at least 25% of the tuition. All information will be kept strictly confidential. Please mail or drop off a completed scholarship application and registration form with payment due to:

Curator of Education

Museum of the Great Plains, 601 NW Ferris Avenue, Lawton OK 73507

If space is available in the class for which you are applying, and there are scholarship funds to cover your request, you will receive confirmation by phone or email. Otherwise, you will be notified by phone if a camp is full or if the scholarship fund is depleted.

Scholarship Application

Instructions:

1. Completely fill out this application. Use one form for each student.
2. All applications must be completed and signed by a parent or guardian.
3. Students are asked to write a brief paragraph stating why they wish to attend camp. Please include this with your application.
4. Also required is a completed referral form, which may be written by a teacher, school principal, pastor, counselor, or health care provider.

Name of Student: _____ Age: _____ Date of Birth: _____

Name of School: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail Address: _____

Employer: _____ Title/Position: _____ Are you part-time or full-time? _____

Are you married? _____ Spouse's Employer: _____

Number of Dependents: _____ Net monthly income: _____

Have you previously been awarded a scholarship by the Museum of the Great Plains? _____

Please explain your financial situation and why you require scholarship assistance. _____

Please have your child use the space below to write a brief paragraph stating why they wish to attend camp.

Submit copies of ONE of the following:

- Verification of eligibility to school's free or reduced lunch program
- Verification of household annual income

Please read and sign:

The information provided above is complete and accurate to the best of my knowledge. If awarded scholarship assistance, I understand that it will be my responsibility to pay at least 25% of the tuition. Also, I understand that it is my responsibility to ensure that my child attends camps for all the dates and hours listed.

Signature of applicant: _____

Date: _____