



Buffalo Museum of Science & Tifft Nature Preserve
2018 Discovery Camp
Partial Scholarship Application Checklist

Please make sure that your application is sent in with the following:

- 🍏 Application Form
- 🍏 Proof of Financial Assistance from program / organization
- 🍏 Participant Demographics Form
- 🍏 Essay (children 7+ years old)
- 🍏 Drawing (children under 7 years old)
- 🍏 Reference Form from a teacher or counselor (Only from 1st time applicants who have never received a Buffalo Museum of Science/Tifft Nature Preserve Discovery Camp Scholarship). This form can be sent in by the teacher or counselor.

Completed applications can be:

- Faxed to 716-895-8739 Attn: Discovery Camp Scholarship Coordinator
- Emailed to bvazquez@sciencebuff.org or
- Mailed to:
Betsy Vazquez
Discovery Camp Scholarship Coordinator
Buffalo Museum of Science
1020 Humboldt Parkway
Buffalo, New York 14211

**Applications Will Be Accepted Until Money Runs Out,
Incomplete Applications Will Not Be Considered!**
Award recipients will be notified via mail or email

For camps that are available at the Buffalo Museum of Science and Tifft Nature Preserve, visit sciencebuff.org and tifft.org.



Buffalo Museum of Science & Tifft Nature Preserve
 2017 Discovery Camp Partial Scholarship Application

Requirements: Financial Need & Erie County Resident

1st time applicant: Application and a letter attesting to character and interest from a teacher or counselor are required. In an essay or a drawing, the 3-16-year-old camper should describe why they would like to take part in Science Camp.

Repeat Applicant: In an essay or drawing the 4-16-year-old camper should describe what they liked about Science Camp and why they want to come back.

Incomplete Applications Will Not Be Considered!

1st choice camp session (date & title)

2nd choice camp session (date & title)

PLEASE PRINT CLEARLY

Child's Name: _____ Child's Birthdate (MM/DD/YY): _____

Address:

City: _____ State: _____ Zip
 Code: _____

Phone Number: _____ E-mail address: _____

Name _____ of _____ Parent(s)/Guardian(s):

Work Phone Number: _____ Cell Phone Number: _____

Gross Monthly Family Income: _____ Total # of people in family: _____

A Discovery Camp scholarship is based mainly on financial need. Please indicate if you are currently receiving assistance from one or more of the programs / organizations listed below. A copy of documentation to confirm the source of financial aid listed below **MUST** accompany your application.

Check all that apply to your immediate family:

____ Welfare

____ Social Security



____ Supplemental Nutrition Assistance Program
____ Social Service Agency, Agency
Name _____
____ Other, name:

Briefly explain any other circumstances which would indicate scholarship need:

I certify that the financial situation of the child nominated warrants that he/she be given the opportunity to attend the Buffalo Museum of Science Discovery Camp on a partial scholarship.

Parent/Guardian (print)

Parent/Guardian (signature)

Date



Buffalo Museum of Science & Tifft Nature Preserve Participant Demographics Form

Please complete the information below. The information will be used by the Buffalo Museum of Science for **STATISTICAL PURPOSES ONLY**. This information will be used for the sole purposes of determining scholarship awards and group reporting to funders and individual data will **not** be released and/or shared with any third party partners, associates and/or affiliates.

1. Please share the group to which you belong:

Please check all that apply.

<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other/Multi-Racial (please specify):

2. Please share your Gross Yearly Household Income:

Please place a check in only one box.

1 person household	2 person household	3 person household	4 person household	5 person household	6 person household	7 person household	8 person household
<input type="checkbox"/> \$13,400 or less	<input type="checkbox"/> \$15,300 or less	<input type="checkbox"/> \$17,200 or less	<input type="checkbox"/> \$19,100 or less	<input type="checkbox"/> \$20,650 or less	<input type="checkbox"/> \$22,200 or less	<input type="checkbox"/> \$23,700 or less	<input type="checkbox"/> \$25,250 or less
<input type="checkbox"/> \$22,300 or less	<input type="checkbox"/> \$25,500 or less	<input type="checkbox"/> \$28,700 or less	<input type="checkbox"/> \$31,850 or less	<input type="checkbox"/> \$34,400 or less	<input type="checkbox"/> \$36,950 or less	<input type="checkbox"/> \$39,500 or less	<input type="checkbox"/> \$42,050 or less
<input type="checkbox"/> \$35,700 or less	<input type="checkbox"/> \$40,800 or less	<input type="checkbox"/> \$45,900 or less	<input type="checkbox"/> \$50,950 or less	<input type="checkbox"/> \$55,050 or less	<input type="checkbox"/> \$59,150 or less	<input type="checkbox"/> \$63,200 or less	<input type="checkbox"/> \$67,300 or less
<input type="checkbox"/> Above \$35,700	<input type="checkbox"/> Above \$40,800	<input type="checkbox"/> Above \$45,900	<input type="checkbox"/> Above \$50,950	<input type="checkbox"/> Above \$55,050	<input type="checkbox"/> Above \$59,150	<input type="checkbox"/> Above \$63,200	<input type="checkbox"/> Above \$67,300

3. Please describe your household:

Please check the appropriate box.

<input type="checkbox"/>	Single-Parent Household	Circle one:	Mother	or	Father
<input type="checkbox"/>	Two-Parent Household				
<input type="checkbox"/>	Grandparent(s) as guardian(s)				
<input type="checkbox"/>	Other Family Member as guardian(s)				
<input type="checkbox"/>	Guardian (Non-Family member)				

4. Please share your Councilmatic District:

Please check the appropriate box.



<input type="checkbox"/>	Delaware District
<input type="checkbox"/>	Ellicott District
<input type="checkbox"/>	Fillmore District
<input type="checkbox"/>	Lovejoy District
<input type="checkbox"/>	Masten District

<input type="checkbox"/>	Niagara District
<input type="checkbox"/>	North District
<input type="checkbox"/>	South District
<input type="checkbox"/>	University District
<input type="checkbox"/>	Not a City of Buffalo Resident

5. Please share your address:

House Number & Street Name only



Signature of Person Filling Out Reference Form

Please return this form to:
Buffalo Museum of Science
Attn: Discovery Camp Scholarship Coordinator
1020 Humboldt Parkway, Buffalo, NY 14211-1293
Fax: 716.895-8739
Email: bvazquez@sciencebuff.org