



## **SHELBY JEAN SUMMER CAMP SCHOLARSHIP**

The **Shelby Jean Scholarship** is available for campers from ages 4-15 who meet special financial criteria. Our desire is to offer the gift of camp to children whose parents are dealing with critical financial hardships.

Scholarships are for 100% percent of the tuition cost. Included in the Shelby Jean Scholarship is one **Club SciKidz/Tech Scientific** t-shirt. Pre and Post Camp services are also available if needed.

If you feel your child will qualify for our scholarship please fill out the application below (one scholarship per family please). In order to qualify for the scholarship, parents must submit the following:

- A letter of recommendation from your child's teacher. If the child is Home Schooled, then it must be from another adult other than one of the child's parents. (Church, Scouts, etc.)
- Parents must submit a copy of their most recent pay stub(s).
- A copy of your most recent tax return or W-2 form(s) must be attached to the application.
- A completed application.

**Send these three documents to:**

**Club SciKidz, LLC**  
**ATTN: Scholarship Applications**  
106-B Hartwood Drive, Woodstock, GA 30189

NOTE: All camps EXCEPT camps with fees are available for scholarship.

**All scholarship applications must be received by: April 1<sup>st</sup>.**

**All scholarship awards will be announced by: May 1<sup>st</sup>.**

**Incomplete submittals will not be returned or considered.**

**SHELBY JEAN SUMMER CAMP SCHOLARSHIP  
APPLICATION**

**All of the information below is required.**

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

GRADE: \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PARENT (S) OR LEGAL GUARDIAN: \_\_\_\_\_

TOTAL NUMBER OF INDIVIDUALS IN HOUSEHOLD: \_\_\_\_\_

GROSS ANNUAL HOUSEHOLD INCOME (BEFORE TAXES): \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_

NAME OF CHILD'S TEACHER: \_\_\_\_\_

**CLUB SCIKIDZ** CAMP(S) PREFERENCE – LOCATION - DATE:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

