



# SUMMER STUDIOS SCHOLARSHIP APPLICATION

The purpose of the scholarship program is to ensure everyone access to Rocketown Summer Studios. It is vital to our community that anyone who qualifies to receive financial assistance from Rocketown can. To maintain our services and facility, we do have a fee to participate in some of our programs. If you feel you are unable to pay the registration fee at this time, please complete the following steps in order to be considered for financial assistance.

**PARTICIPANT INFORMATION:**

---

NAME	BIRTH DATE
------	------------

---

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

---

SCHOOL	GRADE LEVEL
--------	-------------

Please answer the following questions on a separate sheet of paper. The application is not complete and will not be reviewed without these attached to this page:

1. Why do you want to come to Rocketown Summer Studios?
2. What do you hope to gain from this experience?
3. What ways could you give back to Rocketown?

**PARENT/GUARDIAN INFORMATION:**

---

NAME	RELATIONSHIP TO PARTICIPANT
------	-----------------------------

---

PHONE NUMBER	EMAIL ADDRESS
--------------	---------------

Are you currently employed? \_\_\_\_\_

If yes, what is your job title and approximate annual income? \_\_\_\_\_

Do you currently receive any form of financial assistance (Medicaid, Social Security, WIC, etc.)? \_\_\_\_\_

Do you currently or have you ever served in the military? \_\_\_\_\_

I certify that the information provided above is as accurate as possible and wish to be considered for a scholarship. I understand that submitting this application does not guarantee that I will receive financial assistance.

---

PARENT/GUARDIAN SIGNATURE	APPLICATION DATE
---------------------------	------------------

---

PARTICIPANT SIGNATURE