



Children's Health
Education Center™

A member of Children's Hospital and Health System.

Please enclose this scholarship application form *with* your HIP Careers Camp registration form.

2010 HIP CAREERS CAMP SCHOLARSHIP APPLICATION

Scholarships will be awarded to participants based on need and available funds.
All information provided below will remain confidential.

To guarantee your student's place in the program, any balance due must be submitted prior to the first day of camp. Any applicants receiving a full scholarship will be required to submit a \$25 deposit prior to the first day of camp. This deposit will be fully refunded on Friday after your student completes the camp week.

Student name:

Parent/Legal Guardian name:

Address: _____ City: _____ ZIP: _____

Daytime phone: () _____ Evening phone: () _____

E-mail address:

Occupation: _____

Employer: _____ Employer Phone: () _____

Please select the *HIP Careers Camp* session you would like your student to attend:

- June 21-25, 2010 (Entering Grades 7, 8 or 9)
 August 2-6, 2010 (Entering Grades 10,11 or 12)

Does your child receive free or reduced price lunch at school?

- Yes No

Total 2009 household income: \$ _____ Total number of household members: _____

Please provide any additional information that explains your financial need:

This application will be reviewed and you will be contacted concerning your scholarship eligibility. Incomplete applications will not be processed. Please contact Krista at (414) 390-2176 with any questions.

To the best of my knowledge, the above information is correct.

Signature of Parent/Legal Guardian

Date