



**Scholarship & Tuition Assistance Application 2017**

**To be considered for our 2017 summer camp scholarship,  
Application must be returned to the Discovery Center by April  
4<sup>th</sup>, 2017.**

(To Be Completed by Participant)

**All about the Participant**

Full Name: \_\_\_\_\_

List three things you are involved in besides school.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What programs at the Discovery Center are you interested in attending?

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What do you hope to learn at the Discovery Center Program?

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Please use the space below to describe why you want to attend Discovery Center Program; please attach extra pages if necessary. Please **circle** the answer that best describes your feelings about the following statements.

1.	I choose to be myself around other people.	strongly agree	agree	disagree	strongly disagree
2.	I enjoy making new friends.	strongly agree	agree	disagree	strongly disagree
3.	I desire to be a leader in the future.	strongly agree	agree	disagree	strongly disagree
4.	I believe I am an important part of my community.	strongly agree	agree	disagree	strongly disagree
5.	I love helping others.	strongly agree	agree	disagree	strongly disagree
6.	I choose to have a positive attitude.	strongly agree	agree	disagree	strongly disagree

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Scholarship & Tuition Assistance Application 2017

(To Be Completed by Parent/Guardian)

Participant First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

New Participant School \_\_\_\_\_  Male

Returning Present Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  Female

Participant referred by: \_\_\_\_\_

Parent/Guardians (Please list each parent or guardian who is financially responsible for camper.)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Parent(s) E-mail \_\_\_\_\_

Why do you feel your child needs a scholarship? Please use the space below for explanations or circumstances you would like *Discovery Center* to consider when reviewing your child's application.

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\_\_\_\_\_

\_\_\_\_\_

What are the exact dates for the program that your child is interested in attending?

\_\_\_\_\_

\_\_\_\_\_

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**Scholarship & Tuition Assistance Application 2017**

(To be completed by a person who instructs the applicant.)

**Teacher Recommendation Form**

Student \_\_\_\_\_ Teacher \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ Years you've known this student \_\_\_\_\_

Please describe your student's interest; include school projects, private lessons or classes, hobbies, etc.

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How will your student benefit from the Discovery Center experience?

What do you hope they will learn?

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Please use the space below for additional explanations or circumstances you would like the *Discovery Center* to consider when reviewing your student's application.

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Please return as soon as possible to the student or to *Discovery Center* by mail at 701 NE Sanchez Avenue, Ocala Florida 34470, by fax at (352) 368-5514, or e-mail your recommendation to [discovery@ocalafl.org](mailto:discovery@ocalafl.org). If you have any questions, call (352)401-3900.

This form may be mailed separately from the rest of the application.