

## The Health Museum 2019 Summer Discovery Camp Program Scholarship Application Form



The Health Museum is offering 10 summer camp scholarships for the 2019 summer break session. The scholarships are open to students who are or will be aged 5 - 13 as of September 1, 2018, from the following school districts:

Houston Independent School District (HISD)  
Fort Bend Independent School District (FBISD)  
Katy Independent School District (KISD)  
Stafford Municipal School District (SMSD)  
Lamar Consolidated Independent School District (LCISD)  
Alief Independent School District (AISD)  
Spring Branch Independent School District (SBISD)  
Pasadena Independent School District (Pasadena ISD)  
Galena Park Independent School District (Galena Park ISD)  
North Forest Independent School District (NFISD)  
Aldine Independent School District (Aldine ISD)  
Cypress-Fairbanks Independent School District (CFISD)  
Clear Creek Independent School District (CCISD)  
Galveston Independent School District (GISD)  
Texas City Independent School District (TCISD)  
Dickinson Independent School District (DISD)

**Students must be interested in learning, have good behavior, and cannot otherwise afford to attend camp.** The scholarship includes a full week of Before Camp, Camp and After Camp. Students can be dropped off at 7:30 am and must be picked up by 5:30 pm during the week of camp.

**If you are interested in applying for a scholarship, please follow the steps below:**

1. Fully complete the application. There are 3 total pages (1 page for parent guardian and 2 pages for teacher/staff recommendations. Please have teacher/staff members complete and submit recommendations.
2. Submit a written letter stating why you would like to attend the 2017 Summer Discovery camp Program.
3. Mail this completed application to **The Health Museum - CAMP OFFICE, 1515 Hermann Drive, Houston, Texas 77004**. You may also email the form as an attachment to [camps@thehealthmuseum.org](mailto:camps@thehealthmuseum.org). **It must be received on or before April 1, 2019.**
4. *Be prepared to attend camp the weeks that you specified.* If you are awarded a scholarship, that spot is reserved for you alone. It cannot be transferred to another student if you are unable to attend.
5. **Applicants awarded scholarships will be notified by THM the week of April 15, 2019 or before.**

Scholarships are made possible through the ***Kenneth Mattox Scholarship Fund.***

For a complete listing of camp classes visit [www.thehealthmuseum.org](http://www.thehealthmuseum.org)

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**CAMPER INFORMATION PLEASE PRINT NEATLY**

Camper's Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Age/Grade: \_\_\_\_\_/\_\_\_\_\_

School District: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day P \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Other Parent/Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**CAMP INFORMATION PLEASE PRINT NEATLY**

**FIRST CHOICE**

Camp: \_\_\_\_\_ Week of: \_\_\_\_\_

**SECOND CHOICE**

Camp: \_\_\_\_\_ Week of: \_\_\_\_\_

**GENERAL RELEASE & CONSENT PLEASE READ & PRINT NEATLY**

The Health Museum General Release and Consent for 2019 Summer Discovery Camp

The Health Museum is offering camps in its Discovery Camps Program. While every preventative measure will be taken, injuries may occur during a camper's participation in the 2019 Discovery Camps Program. This is a risk that the camper and his/her legal guardians voluntarily agree to assume in exchange for the privilege of registering for and participating in the chosen camp(s). The camper and his/her guardians understand and agree that this risk is one that The Health Museum does not assume and that the Health Museum is not responsible for any injuries to the camper. Accordingly, \_\_\_\_\_ (the "guardian"), the legal parent or legal guardian of \_\_\_\_\_ (the "camper") voluntarily releases The Health Museum and its directors, officers, employees, volunteers, agents, and all persons acting by, through, under or in concert with The Health Museum (collectively called the "Released Parties") from any and all losses, demands, claims, suits, causes of action, liabilities, costs, expenses, and judgments whether arising in equity, at common law, or by statute, under the law of contracts, torts, or property, for personal injury (including without limitation emotional distress), arising in favor of the guardian or the camper based upon, in connection with, relating to or arising out of, directly or indirectly, the camper's participation in the camp (collectively called "Claims") AND EVEN IF ANY SUCH CLAIMS ARE DUE TO THE RELEASED PARTIES' OWN NEGLIGENCE, STRICT LIABILITY WITHOUT REGARD TO FAULT, VIOLATION OF STATUTE OR OTHER FAULT. The guardian and the camper hereby give their permission to the Released Parties to seek emergency medical treatment for the camper if any Released Party deems in its discretion that such emergency medical treatment is necessary.

Parent/Guardian (Printed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**TEACHER or STAFF RECOMMENDATIONS:** Please give this form to two *teachers or school staff members* who can recommend you for camp. Teacher or Staff recommendations factor into scholarship selection.

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**TEACHER / STAFF MEMBER 1**

NAME:

\_\_\_\_\_

POSTION AT SCHOOL: \_\_\_\_\_ School/District \_\_\_\_\_ / \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Does the student have a financial need for the scholarship? \_\_\_\_\_

Does the student qualify for free or reduced school meals? \_\_\_\_\_

How would you rate the following aspects of the student?

	Lowest			Highest	
	1	2	3	4	5
Behavior					
Willingness to learn					
Willingness to participate					
Aptitude for science					
Ability to adapt to a new environment					

Additional Comments:

Please make any additional comments you feel necessary to demonstrate the student's emotional, intellectual or financial need for the scholarship opportunity being offered.

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**TEACHER / STAFF MEMBER 2**

NAME:

\_\_\_\_\_

POSITION AT SCHOOL: \_\_\_\_\_ School/District \_\_\_\_\_ / \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Does the student have a financial need for the scholarship? \_\_\_\_\_

Does the student qualify for free or reduced school meals? \_\_\_\_\_

How would you rate the following aspects of the student?

	Lowest			Highest	
	1	2	3	4	5
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Willingness to learn					
Willingness to participate					
Aptitude for science					
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Additional Comments:

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