The Health Museum is offering 8 summer camp scholarships for the 2023 summer break session. The scholarships are open to students who are or will be aged 5 - 13 as of September 1, 2022, 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 tuition only.

**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 2023 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. **It must be received on or before April 15, 2023.**
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 email the week of April 24, 2023 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)
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: __________

GENERAL RELEASE & CONSENT PLEASE READ & PRINT NEATLY
The Health Museum General Release and Consent for 2023 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 2023 Summer 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 ________

For a complete listing of camp classes visit www.thehealthmuseum.org
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.

Print and mail this completed application The Health Museum - CAMP OFFICE, 1515 Hermann Drive, Houston, Texas 77004. OR

Email the form as an attachment to camps@thehealthmuseum.org. The completed application must be received on or before April 15, 2023.

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?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Lowest</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Willingness to learn</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Willingness to participate</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Aptitude for science</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Ability to adapt to a new environment</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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.

For a complete listing of camp classes visit www.thehealthmuseum.org
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.

Print and mail this completed application The Health Museum - CAMP OFFICE, 1515 Hermann Drive, Houston, Texas 77004. OR

Email the form as an attachment to camps@thehealthmuseum.org. The completed application must be received on or before April 15, 2023.

TEACHER/STAFF MEMBER 2

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?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Lowest</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
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<td>3</td>
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<td>4</td>
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<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
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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.

For a complete listing of camp classes visit www.thehealthmuseum.org
Discovery Camps Summer 2023 Student Financial Aid Application

Application Instructions to Primary Contact/Parent/Guardian Completing This Form

- Aid awards are based on need.
- Apply early—financial aid funds are limited.
- Applications that do not include all required documentation cannot be processed.

Household information

Student’s Name ____________________________ (First) ______________________________________ (MI) ______________________________________ (Last)

Please provide contact information for the parent or guardian staff should contact if they need additional information to process your application.

Primary Contact  □ Mother  □ Father  □ Guardian

Name  □ Dr.  □ Mr.  □ Mrs.  □ Ms. ______________________________________

Email Address ______________________________________ County of Residence ______________________________________

Occupation ______________________________________ Daytime Phone (____) _______ - _______

Employer Name ______________________________________

Parents’ Marital Status  □ Single  □ Married  □ Domestic Partnership  □ Separated  □ Divorced  □ Widowed

If parents are divorced or separated, student lives most of the time with □ Mother/Guardian  □ Father/Guardian

If you own your home, current value of your home .......................................................................................... $ __________

Balance of associated loans ......................................................................................................................... $ __________

Does the student participate in a free or reduced lunch program at school? □ Yes  □ No  □ N/A or home schooled

Do you or any people living in the student’s main household (including grandparents, other relatives, or friends) receive:

Social Security payments? □ Yes  □ No  If yes, $ __________/month

SSI payments? □ Yes  □ No  If yes, $ __________/month

Child Support payments? □ Yes  □ No  If yes, $ __________/month

Unemployment compensation? □ Yes  □ No  If yes, $ __________/month

Welfare, TANF, or other public assistance payments? □ Yes  □ No

If Yes, please list the type of benefit(s) and amount(s) below:

________________________________________ $ __________/month

________________________________________ $ __________/month

________________________________________ $ __________/month

Required Attachments

A signed copy of your 2021 Federal Income Tax Return (Form 1040, 1040A, or 1040EZ) along with the forms and schedules listed below that you submitted with your return. Please send only the requested forms and schedules.

□ Form 1040, 1040A, or 1040EZ  □ Schedule A

□ Form 4562  □ Schedule C and/or F

□ W2 forms  □ Schedule D

□ Schedule E

Married parents living in the same household, separated parents, and stepparents filing separate tax returns must submit tax forms for both parents. Divorced parents may submit tax forms for the custodial parent only.

I declare that I provided accurate and complete information in this application.

Signature of Primary Contact/Parent/Guardian ______________________________________

Submit this form and documentation by e-mail to camps@thehealthmuseum.org
Discovery Camps Summer 2023 Student Financial Aid Application

Preferences

Students may apply for one camp per summer. Please only rank the classes that you are willing to take in order of preference from 1-3, with 1 being your first choice. The camp choices are listed in order of age group – (5-7, 8-10, 11-13)

<table>
<thead>
<tr>
<th>June 5-9</th>
<th>July 17-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Clinic</td>
<td>The Clinic</td>
</tr>
<tr>
<td>Grossed Out Science</td>
<td>Grossed Out Science</td>
</tr>
<tr>
<td>Mini Medical School I</td>
<td>Mini Medical School I</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>June 12-16</th>
<th>July 24-28</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Clinic II</td>
<td>The Clinic II</td>
</tr>
<tr>
<td>Camp Neuron</td>
<td>Girls Rock STEAM Camp</td>
</tr>
<tr>
<td>Mini Medical School II</td>
<td>Mini Medical School II</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>June 19-23</th>
<th>July 31-August 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini Chemist</td>
<td>Mini Chemist</td>
</tr>
<tr>
<td>Junior Chemist</td>
<td>Junior Chemist</td>
</tr>
<tr>
<td>Senior Chemist</td>
<td>Senior Chemist</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>June 26-30</th>
<th>August 7-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNA Discoveries</td>
<td>DNA Discoveries</td>
</tr>
<tr>
<td>Girls Rock STEAM Camp</td>
<td>Camp Neuron</td>
</tr>
<tr>
<td>Forensics</td>
<td>Mini Medical School II</td>
</tr>
<tr>
<td>Mini Medical School I</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>July 5-7</th>
<th>August 14-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini Vet</td>
<td>Mini Vet</td>
</tr>
<tr>
<td>Junior Vet</td>
<td>Junior Vet</td>
</tr>
<tr>
<td>Senior Vet</td>
<td>Senior Vet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>July 10-14</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini Chefs</td>
<td></td>
</tr>
<tr>
<td>Kitchen Chemistry (8-13)</td>
<td></td>
</tr>
</tbody>
</table>

How would you (student) describe yourself ethnically? (optional)
- [ ] Black/African American
- [ ] White/Caucasian
- [ ] Latino/Hispanic
- [ ] Native American/Alaskan Native
- [ ] Asian-American/Pacific Islander
- [ ] Other

Gender (optional)
- [ ] Male
- [ ] Female

Please list any allergies below:

__________________________________________________________________________

__________________________________________________________________________

Signature of Primary Contact/Parent/Guardian

Submit this form and documentation by e-mail to camps@thehealthmuseum.org