

The Health Museum 2025 Summer Discovery Camp Program Scholarship Application Form



The Health Museum is offering 8 summer camp scholarships for the 2025 summer break session. The scholarships are open to students who are or will be aged 5 - 13 as of September 1, 2025, 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 5 total pages (1 page for parent guardian, 2 pages for teacher/staff recommendations and 2 financial aid pages.) ***Please have teacher/staff members complete and submit recommendations.***
2. Submit a written letter stating why you would like to attend the 2025 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, 2025.**
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 28, 2025.**

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

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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: _____

GENERAL RELEASE & CONSENT PLEASE READ & PRINT NEATLY

The Health Museum General Release and Consent for 2025 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 2025 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 _____

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TEACHER or STAFF RECCOMENDATIONS: 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, 2025**.

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: _____

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.

Discovery Camps Summer 2025 Student Financial Aid Application

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

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

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, \$ _____/month
SSI payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, \$ _____/month
Child Support payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, \$ _____/month
Unemployment compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, \$ _____/month
Welfare, TANF, or other public assistance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

_____ \$ _____/month
 _____ \$ _____/month
 _____ \$ _____/month

Required Attachments

A signed copy of your 2024 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

Discovery Camps Summer 2025 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, 8-13 and 11-13)

June 9-13

- The Clinic (5-7)
- Camp Cardio (8-10)
- Mini Medical School I (11-13)

July 21-25

- DNA Discoveries (5-7)
- Gressed Out Science (8-10)
- Forensics (11-13)

June 16-20

- The Clinic II (5-7)
- Camp Neuron (8-10)
- Mini Medical School II (11-13)

July 28-August 1

- Cell-tastic Voyage (5-7)
- Camp CSI (8-10)
- CellCraft (11-13)
- Mini Medical School I (11-13)

June 23-27

- Mini Chemist (5-7)
- Junior Chemist (8-10)
- Senior Chemist (11-13)

August 4-8

- The Clinic (5-7)
- Girls Rock sTEAm (8-10)
- Sportsology (8-13)
- Mini Medical School II (11-13)

June 30-July 3

- Mini Vet (5-7)
- Junior Vet (8-10)
- Senior Vet (11-13)

July 7-11

- Mini Automation (5-7)
- InnovateX (8-10)
- Drone Camp (8-13)

August 11-15

- The Clinic II (5-7)
- Camp Cardio (8-10)
- On Call: Junior Nursing (11-13)

July 14-18

- Mini Chefs (5-7)
- Mini iCan Stem (5-7)
- Junior iCan Stem (8-10)
- Kitchen Chemistry (8-13)

How would you (student) describe yourself ethnically? (optional)

- | | |
|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian-American/Pacific Islander |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Other |

Gender (optional)

- Male Female

Please list any allergies below:

Signature of Primary Contact/Parent/Guardian _____