

SUMMER DISCOVERY CAMP SCHOLARSHIP APPLICATION

The Health Museum is offering 8 summer camp scholarships for the Summer Discovery Camp. The scholarships are open to students who are or will be aged 5 - 13 as of September 1, from the following school districts:

Houston Independent School District (HISD)	Galena Park Independent School District (Galena Park ISD)
Fort Bend Independent School District (FBISD)	North Forest Independent School District (NFISD)
Katy Independent School District (KISD)	Aldine Independent School District (Aldine ISD)
Stafford Municipal School District (SMSD)	Cypress-Fairbanks Independent School District (CFISD)
Lamar Consolidated Independent School District (LCISD)	Clear Creek Independent School District (CCISD)
Alief Independent School District (AISD)	Galveston Independent School District (GISD)
Spring Branch Independent School District (SBISD)	Texas City Independent School District (TCISD)
Pasadena Independent School District (Pasadena ISD)	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 Summer Discovery Camp.
3. Mail this completed application to **The Health Museum - Discovery Camps, 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.
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.

Scholarships are made possible through the Kenneth Mattox Scholarship Fund.

APPLICANT & HOUSEHOLD INFORMATION

*Please print or write neatly

CAMPER INFORMATION

Name of Scholarship Applicant	Gender	Age	Grade
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
School District	Name of School		
<input type="text"/>	<input type="text"/>		

Each applicant may apply for one camp scholarship per summer. Please list your top 3 preference on the camp course you wish to enroll in. Please check the camp web page thehealthmuseum.org/programs/camp/ for course descriptions, dates and age requirements.

1. _____	_____
Name of the Camp Course	Camp dates
2. _____	_____
Name of the Camp Course	Camp dates
3. _____	_____
Name of the Camp Course	Camp dates

Please list any allergies:

OPTIONAL: How would you describe the applicant's race?

Black/African American Native American/Alaskan Native White/Caucasian
 Asian-American/Pacific Islander Latino/Hispanic Other

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	Relationship to Camper		
<input type="text"/>	<input type="text"/>		
Parent/Guardian Email	Parent/Guardian Phone Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT

Emergency Contact Name	Emergency Contact Phone Number	Relationship to Camper
<input type="text"/>	<input type="text"/>	<input type="text"/>

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For detailed camp course descriptions go to thehealthmuseum.org

FINANCIAL INFORMATION

*Please print or write neatly

Parents' Marital Status Single Married Married Domestic Partnership Separated Divorced Widowed

If parents are divorced or separated, the applicant lives most of the time with Mother Father Other, please specify

Current value of your home if you own one, put "N/A" if you do not own a home

\$

Balance of associated loans

\$

Does the applicant 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 applicant's main household (including grandparents or other relatives) receive:

<input type="checkbox"/> Social Security payments	Amount: \$ _____ /month
<input type="checkbox"/> SSI payments	Amount: \$ _____ /month
<input type="checkbox"/> Child Support payments	Amount: \$ _____ /month
<input type="checkbox"/> Unemployment compensation	Amount: \$ _____ /month
<input type="checkbox"/> Welfare, TANF, or other public assistance payments	Amount: \$ _____ /month
<input type="checkbox"/> Other, please specify	Amount: \$ _____ /month

REQUIRED: INCOME TAX RETURN

Please attach a signed copy of your 2025 Federal Income Tax Return (Form 1040, 1040A, or 1040EZ) along with the scholarship application. Please only send requested forms.

Please check the form(s) you are including with this application:

- Form 1040, 1040A, or 1040EZ W2 forms Form 4562 Other income verification (SNAP, WIC, etc.)
 Schedule A Schedule C and /or F Schedule D Schedule E

I certify that all financial information submitted as part of my application for the Discovery Summer Camp scholarship at The Health Museum is complete, accurate, and truthful to the best of my knowledge. I understand that providing incomplete, false, or misleading information may result in the denial or revocation of my scholarship eligibility.

Parent/Guardian Signature

Date (dd/mm/yyyy)

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GENERAL RELEASE & CONSENT

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 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 Name (Printed)

Parent/Guardian Signature

Date (dd/mm/yyyy)

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TEACHER/STAFF RECOMMENDATION

Please give this form to two teachers or school staff members who can recommend you for the Discovery Summer Camp scholarship. Teacher or staff recommendations factor into scholarship selection.

Name of Scholarship Applicant	Age	Grade	How long have you known the student?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Teacher's Name	Name of the School
<input type="text"/>	<input type="text"/>

Position at School	School District
<input type="text"/>	<input type="text"/>

Does the student have a financial need for the scholarship?	Does the student qualify for free or reduced school meals?
<input type="text"/>	<input type="text"/>

Please rate the following aspects of the student. (1= lowest, 5= highest)

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

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

Teacher's Signature

Date (dd/mm/yyyy)

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