



GATEWAY TO SCIENCE

SCHOLARSHIP APPLICATION

Student's Name _____ Age _____

Address _____ Grade _____

City, State, Zip _____

Parents' Names _____

Phone _____

E-mail _____

Do you receive free or reduced lunches through the school system? Yes No

Program for which scholarship is requested: _____

(Indicate the Gateway to Science camp or club and dates above and submit this application with a completed Program Registration Form at least 3 weeks prior to the program start date.)

Please Note: A referral must be obtained from someone who can attest to the need for a scholarship. This can be a social worker, teacher, school principal, clergy, etc. Scholarships will be awarded when available on a first-come, first-served basis. There is a limit of one scholarship per program/season per child.

Please state why this student should be considered for scholarship:

Referral Name (printed) _____

Referral Signature (required) _____

Referral's Title (required) _____

Referral's Place of Business (required) _____

Referral's Phone (required) _____ Referral's E-mail: _____

Scholarships are provided by grants and donations from supporters of Gateway to Science educational programming.

Mail or deliver to: Gateway to Science
Located in the Frances Leach High Prairie Arts & Science Complex
1810 Schafer Street, Suite 1, Bismarck, ND 58501-1218

Phone: 701-258-1975
E-mail: gscience@gscience.org
Website: www.gatewaytoscience.org