



Scholarship Application

Student's Name _____ Age _____

Address _____ Grade _____

City, State, Zip _____

Parent Name(s) _____

Phone _____ Email _____

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

Program for which Scholarship is requested _____

Please note:

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

Please state why this student should be considered for a scholarship:

Referral's Name (required) _____

Referral's Signature (required) _____

Referral's Title (required) _____

Referral's Place of Business (required) _____

Referral's Phone (required) _____

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

Mail or deliver to:

Gateway to Science

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