



Scholarship Application

Student's Name _____ Age _____

Address _____ Grade _____

City, State, Zip _____

Parent Name(s) _____

Phone _____ Email _____

Does this student receive free or reduced lunches through the school system? Yes No

Program for which scholarship is requested _____

Program date(s) for which scholarship is requested _____

Please note:

- A referral must be obtained from someone who can **attest to the need** for a scholarship, such as a social worker, teacher, school principal, clergy, etc.
- Scholarships will be awarded, based on clear financial need, 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 a scholarship. Please share your knowledge of the need for a scholarship, not merely the student's interest in our programming.

Referral's Name (required) _____

Referral's Signature (required) _____

Referral's Title (required) _____

Referral's Place of Business (required) _____

Referral's Phone (required) _____

When funds are available, scholarships are provided to students with clear financial need by grants and donations from supporters of North Dakota's Gateway to Science educational programming.

Mail or deliver to:

North Dakota's Gateway to Science, 1600 Canary Avenue, Bismarck, ND 58501

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