Summer Camp Scholarship Application

To be completed by student and at least one legal guardian. Please return to:
Learning Center
Buck Institute for Research on Aging
8001 Redwood Blvd.
Novato, CA 94945

To send electronically, send the completed form to learningcenter@buckinstitute.org. An emailed cell phone picture is acceptable!

Section A: Applicant
1. Camper’s Name:
________________________________________________________________
(As it appears in the online application)

2. Camper’s School:
________________________________________________________________

3. Name, day phone number, and email address of a Parent or Guardian that can Verify Financial Information:
________________________________________________________________

Section B: Family Household Information
(Note: if your parents are divorced, give information about the parent with whom you live most of the time. If this parent has remarried, also include stepparent information.)

4. Number of family members
________________________________________________________________
(Include yourself and your parents; include any dependents.)

5. Number of college students in your family
________________________________________________________________
(Of the number in the answer to question 4, write in the number of dependents who will be in college at least half-time. Do not include parents/guardian in this number.)
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Section C: Family Income, Earnings and Benefits

6. Please refer to your parent’s most recent federal tax return and provide the amount represented as total income on the tax form
$_______________________________________________________________

7. If you are receiving a scholarship or other assistance from your school, please submit written confirmation of financial need from your school.

8. You may attach a statement that includes additional information you would like us to consider when assessing your scholarship request. Please be sure that your name appears on each page of your statement.

This application must reach our office no later than March 31st at 5:00 PM.

For more information, contact the Learning Center at (415) 209-2000 x 6161 or learningcenter@buckinstitute.org.

Please read and sign – Certification: All of the information provided on this form by me or any other person is complete to the best of my knowledge.

______________________________________________________________

Student

______________________________________________________________

Legal Guardian 1/Relationship

______________________________________________________________

Date Completed


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