



After-School Club Scholarship Application

The SPARKS Foundation offers scholarships for after-school Science Clubs from Science Explorers to deserving children demonstrating financial need. This aligns with the foundation’s mission to provide quality hands-on science to all children regardless of socio-economic background.

Eligibility for a scholarship is based on:

1. The child’s sincere interest in participating in an after-school, hands-on science club and
2. The parent(s)’ household income being at or below the levels show below

If you are seeking a scholarship for an after-school science club, please:

1. Provide a written letter by the parent or guardian explaining why you are seeking a partial or full scholarship.
2. Provide a written letter by the child explaining why he/she would like to attend a **Science Explorers** after-school club.
3. Complete the application form, making sure to indicate that you do not exceed the household gross wage levels indicated below.
4. Mail or email all of the above to:

The SPARKS Foundation, 110 W. Wyomissing Ave., Mohnton, PA 19540
 Or scan your application and email to: tkrall@sparksfoundation.org

Scholarship applications will be reviewed and awarded by the Board of Directors. When funding becomes available, applicants will be notified by email. Thank you!

Applicant must circle the entire line that applies to his/her Household Size, understanding they must be at, or below, the income level indicated to be eligible for full scholarship.

CIRCLE YOUR HOUSEHOLD SIZE

Total Household Income (based on 150% of Poverty Level)

Household Size	Annual Income must be less than:	Monthly Income must be less than:
1	\$ 20,385	\$ 1,700
2	\$ 27,465	\$ 2,290
3	\$ 34,545	\$ 2,880
4	\$ 41,625	\$ 3,470
5	\$ 48,705	\$ 4,060
6	\$ 55,785	\$ 4,650
7	\$ 62,865	\$ 5,240
8	\$ 69,945	\$ 5,830

(OVER)



After-School Science Club Scholarship Application

Name of child: _____ Age: _____

Gender: _____ Date of Birth: _____

Parent(s)/Guardian's Name: _____
(Please print name and relationship to camper)

Address: _____
(Street, City, State, Zip)

PARENT

PARENT

Name: _____

Name: _____

Email address: _____

Email address: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Cell Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Work Phone #: _____

Household Annual Gross Income (amount before taxes): \$ _____

Requesting: (circle one) Full Scholarship Partial Scholarship (Amount) \$ _____

Science Explorers After-School Science Club Details:

First Choice: _____

Name of camp/topic	Date of camp	Location
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Second Choice: _____

Name of camp/topic	Date of camp	Location
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Third Choice: _____

Name of camp/topic	Date of camp	Location
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Don't forget to include the written requests!! One from the parent and one from the child!!

Send to: The SPARKS Foundation, 110 W. Wyomissing Ave, Mohnton, PA 19540 or tkrall@sparksfoundation.org

Thank you notes from scholarship recipients will be shared with the board!

Internal Use Only: Approved by: _____ Date: _____

Invoice # _____ Paid Date _____ Initials _____