



## Camp Scholarship Application

The SPARKS Foundation offers scholarships for Summer Science Camps 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 a summer science camp and
2. The parent(s)’ household income being at or below the levels show below

### If you are seeking a scholarship for a summer camp 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 (or a picture if the child is too young) explaining why he/she would like to attend a **Science Explorers** summer camp.
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](mailto: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!

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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)



## Summer Science Camp Scholarship Application

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street, City, State, Zip)

**MOTHER**

**FATHER**

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

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

**Science Explorers Summer Science Camp 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](mailto: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 \_\_\_\_\_