

CENTER FOR BIOSCIENCE EDUCATION AND TECHNOLOGY

153 Lomb Memorial Drive, Rochester, NY 14623-5603; Phone: 585-475-4363; Fax: 585-475-4360

2012 Bioscience Exploration Scholarship Application

Student Name:

School:

Camp:

Parent Name:

Phone #:

Email:

STUDENTS: PLEASE TELL US WHY YOU WOULD LIKE TO ATTEND A BIOSCIENCE CAMP

PARENTS: A LIMITED NUMBER OF SCHOLARSHIPS ARE AVAILABLE TO QUALIFIED STUDENTS. THE INFORMATION YOU PROVIDE BELOW WILL HELP US DETERMINE YOUR STUDENT'S ELIGIBILITY FOR A SCHOLARSHIP.

- 1) Does your child qualify for free school lunches or lunches at reduced cost?
- 2) Please explain all other financial factors contributing to your request for a scholarship.

PARENT AGREEMENT

I certify that the above information is true and correct to the best of my ability.

Signed:

Date:

FOR OFFICE USE ONLY