

**CENTER FOR BIOSCIENCE EDUCATION AND TECHNOLOGY**

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

**2017 Bioscience Exploration Scholarship Application**

**Scholarship funding is provided through the generosity of Excellus BlueCross BlueShield. Written feedback about the camp experience is required from all recipients.**

Student Name:

School:

Session:

Parent Name:

Phone #:

Email:

**STUDENTS: PLEASE TELL US WHY YOU WOULD LIKE TO ATTEND OUR BIOSCIENCE PROGRAM**

**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?  
(If yes, please attach a copy of your eligibility approval letter.)
- 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**

Amount awarded:

Justification:

Director’s approval: