

Scholarship Application

Scholarship funds are limited and awarded on a first-come, first-served basis to children with financial need who have not already registered for the program.

Please fill out completely and email or mail to:

Attn: Camp Invention, umkcscecamp@umkc.edu, 5110 Rockhill Road, Flarsheim Hall 336, Kansas City, MO 64110

Program Information

Program Location: UMKC Volker Campus

When: July 8 – July 12, 2019 **from** 9:00 AM - 3:30 PM

Parent/Participant Information

Parent/Guardian Name(s): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Alternative Phone: _____

Email: _____

Child's Name: _____

Child's Date of Birth: _____ Male Female Fall Grade Level: _____

How did you hear about Camp Invention? _____

Please explain why you would like your child to attend the Camp Invention Program: _____

Because funds are limited, we ask scholarship recipients to share in the costs of the registration fee. Please list what your contribution is towards your child's registration. _____

I accept the terms of the Camp Invention scholarship program as explained below:

Signature: _____ Date: _____

Scholarship Program Terms:

Scholarship funds are awarded on a financial need and not academic basis. "Economic need" can include but is not limited to eligibility for: the National Lunch Program; federal assistance; unemployment assistance; food stamps/food bank assistance or due to catastrophic medical expenses or personal disaster expenses (home fire, flooding, etc.). Scholarship funds are limited and are distributed on a first-come, first-serve basis to children who have not already registered for the program. Program Code: C-MO12-46848-19

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