



Scholarship Application

Thank you for your interest in The Citizen Science Lab programs! Our ability to give scholarship assistance is a critical part of ensuring the success of the organization. Applying for scholarship assistance will not affect your chances of getting into a program.

Please note: The information in this document is confidential to The Citizen Science Lab Scholarship Assistance Review Team and will not be disclosed to any other person. It will not be reproduced in whole, or in part, nor will any of the information contained therein be disclosed. Any form of reproduction, dissemination, copying, disclosure, modification, distribution and or publication of this document is strictly prohibited.

Directions: Please fill out both sides of this form, one for each participant for whom you are applying. You may be contacted for a follow-up phone interview.

ATTENDEE INFORMATION:

_____	_____	
Attendee Name	Email Address of Attendee	
_____	_____	
Attendee Phone Number	Attendee Address (Street, City, State, Zip code)	
_____	_____	_____
Attendee Birthday	Attendee Race (optional)	Attendee Gender (optional)
_____	_____	_____
Attendee School	Attendee Grade	

PRIMARY PARENT/GUARDIAN:

Name _____	Please select the neighborhood in which you reside:
Relationship _____	____ Hill District
Street Address _____	____ Uptown
City _____ State _____ Zip Code _____	____ Homewood
Phone Number _____	____ Wilkinsburg
Email Address _____	____ North Side
	____ Bloomfield
	____ Other: _____
	Marital Status _____
	Individual Income _____
	(*You may be asked to provide supporting documentation)
	____ Participant(s) lives at this address

SECONDARY PARENT/GUARDIAN:

Name _____
Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____
Email Address _____

Please select the neighborhood in which you reside:

____ Hill District
____ Uptown
____ Homewood
____ Wilkinsburg
____ North Side
____ Bloomfield
____ Other: _____

Marital Status _____

Individual Income _____

(*You may be asked to provide supporting documentation *)

____ Participant(s) lives at this address

ADDITIONAL QUESTIONS:

1. For which program are you seeking Scholarship Assistance (select one)?

____ Summer Camp: _____
(Dates)

____ Weekend Workshop: _____
(Dates)

____ Homeschool Workshop: _____
(Dates)

2. How much, if any, can you pay toward your child’s tuition? _____

3. Do you participate in the free lunch program at your school? (Please select one)

____ Yes ____ No, we don’t qualify ____ No, my school doesn’t have that program

4. Is there any other information you think we should know? (Any circumstance that we should consider):

By signing, I am verifying that all the information I have provided in this document is true to the best of my knowledge.

Signature of Person Filling out Application _____ Date _____

Contact Information:

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