



# Group 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. Our scholarship program is focused on students that are traditionally underrepresented in STEM fields or experiencing financial hardship. Applying for scholarship assistance will not affect your chances booking a program, and filling out an application does not guarantee you will receive one.

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**Directions:** Please fill out the whole form, estimating answers to demographic information if you do not have it available. You may be contacted for a follow-up phone interview. **You may be asked to provide supporting documentation for relevant questions.** Scholarship offers may be rescinded at the sole discretion of The Citizen Science Lab.

## ORGANIZATION INFORMATION:

Organization Name: \_\_\_\_\_

Organization Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Organization Neighborhood (if in Pittsburgh): \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Main Contact Role/Title: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_ Main Contact Email: \_\_\_\_\_

## GROUP INFORMATION:

\*For this section, if you are unsure of the exact numbers of students in any category, you may estimate using demographic information from the nearest public school to your organization's mailing address. Please note that our scholarship funding focuses on students who are traditionally underrepresented in STEM fields (such as students of color) or students who are experiencing financial hardship.

Total Number of Students: \_\_\_\_\_

Is your Organization a Title I School? YES NO

Is your Organization a registered Nonprofit? YES NO

Percentage of Students who self-identify as:

Asian American/Pacific Islander/Asian: \_\_\_\_\_

Black/African American/African: \_\_\_\_\_

Hispanic/Latino/Latina/Latinx: \_\_\_\_\_

Native American/American Indian/Indigenous: \_\_\_\_\_

White/Caucasian/European: \_\_\_\_\_

Multi-racial/Multi-ethnic (two or more races or ethnicities): \_\_\_\_\_

Other/Decline to Identify: \_\_\_\_\_

Percentage of Students who:

Qualify for free or reduced price meals at school: \_\_\_\_\_

Identify as Male: \_\_\_\_\_

Identify as Female: \_\_\_\_\_

Identify as Nonbinary: \_\_\_\_\_

Identify as Other/Decline to Identify: \_\_\_\_\_

**ADDITIONAL QUESTIONS:**

1. For which program(s) are you seeking Scholarship Assistance ?
2. How much, if any, can you pay toward your group's program fee?
3. Please tell us about your organization's interest in STEM?
4. Please tell us about your organization's work with groups that are traditionally underrepresented in STEM?
5. 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 \_\_\_\_\_

Please return form by either mail or email:

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