



Individual 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. Applying for scholarship assistance will not affect your chances of getting into a program, and filling out an application does not guarantee you will receive one.

Please note: The information in this document is confidential to The Citizen Science Lab Leadership 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 the whole form, one for each participant for whom you are applying. You may be contacted for a follow-up phone interview. **You may be asked to provide supporting documentation for income or residence.** Scholarship offers may be rescinded at the sole discretion of The Citizen Science Lab.

PARTICIPANT INFORMATION:

Name: _____ Birthday: _____ Age: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Race (optional): _____ Gender (optional): _____
School: _____ Grade: _____

PRIMARY PARENT/GUARDIAN:

Name: _____
Relationship to Participant: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Participant(s) primary residence is at this address?
YES NO (circle one)
Individual Income: _____
Marital Status: _____
Phone Number: _____
Email Address: _____
Neighborhood (if in Pittsburgh): _____

SECONDARY PARENT/GUARDIAN:

Name: _____
Relationship to Participant: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Participant(s) primary residence is at this address?
YES NO (circle one)
Individual Income: _____
Marital Status: _____
Phone Number: _____
Email Address: _____
Neighborhood (if in Pittsburgh): _____

ADDITIONAL QUESTIONS:

1. For which location are you seeking Scholarship Assistance? (Currently we are only operating out of our South Hills location)
2. For which program are you seeking Scholarship Assistance ?
3. How much, if any, can you pay toward your child's tuition?
4. Do you participate in the free lunch program at your school?
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:

The Citizen Science Lab
1699 Washington Road
Suite 200
Pittsburgh PA 15228

cslhq@thecitizensciencelab.org

814-830-3100