

Science in the Park Merit Scholarship Application Form

Name of Child: _____ Age _____

Address _____

City/State: _____ Zipcode _____

Telephone: _____

Parent's/Guardian's Name: _____

School Child Attends: _____ Class _____

School Address _____

School Telephone _____

Classroom Teacher _____

Name of Principal _____

Directions: **1. Have child should write a statement of 75 or more words explaining why he/she wants to be in the *Science-in-the-Park* Program and why he/she believes that he/she should be selected to receive a scholarship. (Use space below or attach a separate page.)**

2. Have your child's teacher write a recommendation for your child to be in the program.

3. Attach a copy of your child's most recent report card.

4. Mail application to:

**Science-in-the-Park,
Eastern Queens Alliance,
PO Box 300818,
Jamaica, NY 11430**

Science in the Park Merit Scholarship Application Form P. 2

Child's Name: _____

Child's Statement

Child's Signature

Date

Parent's/Guardian's Signature

Date

Science in the Park Merit Scholarship Application Form P. 3

Child's Name: _____

Teacher's Recommendation:

Teacher's Signature

Date

Affix School Stamp/Seal

