

# College for Kids Scholarship Application Form

(Please fill out entire application)



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School & Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Total Cost of Activity: \$ 129 Family Contribution: \$ \_\_\_\_\_

How did you find out about our scholarship program? \_\_\_\_\_

## Ethnic/Racial Background (Requested for State & Federal Reporting)

Asian/Pacific Islander

Hispanic/Mexican-American

African-American

White/Non-Hispanic Origin

Native American

International/Foreign Exchange Student

## Income Information

(Please circle amount that represents your household's gross monthly income)

\$0 - \$499.00

\$1500.00 - \$1999.00

\$500.00 - \$999.00

\$2000.00 - \$2499.00

\$1000.00 - \$1499.00

More than \$2500.00

I acknowledge that the above specified information is true & accurate.

(Signature of parent/guardian/responsible person) \_\_\_\_\_

## Why do you want to attend College for Kids?

(Please describe in one paragraph why you would like to attend College for Kids)

\_\_\_\_\_  
\_\_\_\_\_

## Submit this application one of the following ways:

Questions: 218.477.2579

1. **Via US Mail to:** College for Kids – MSUM, c/o Joy Lindell – Physics Department, 1104 7<sup>th</sup> Ave S., Moorhead, MN, 56563
2. **Via Fax:** 218.477.2290
3. **In person:** Physics Department – Hagen Hall 307 – 1104 7<sup>th</sup> Ave. S., Moorhead, MN 56563

(For office use only)

I approve a scholarship award. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature