

2021 THE BRYAN MUSEUM

SUMMER CAMP SCHOLARSHIP FORM

Please email, mail or return this completed form by Friday, June 11th

Child's Name: _____ Child's Age: _____

Parent Name: _____

Address: _____

Phone Number: _____ E-mail: _____

1) Which week of camp are you applying for? (Circle One)

July 12 – 16

July 19 – 23

2) Are you applying for a full or partial scholarship? (Circle One)

Full Scholarship (Free)

Partial Scholarship (Reduced Camp Price: \$50)

3) Would you like lunch to be provided for your child? Yes No

4) Do you or your child participate in any of the following programs?

- a. Free or Reduced School Lunch
- b. CHIP (Children's Health Insurance Program)
- c. SNAP (Supplemental Nutrition Assistance Program)
- d. No, we do not receive any of these services

5) Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?

6) Please have your child write, or you may write for them, why they would like to attend the Bryan Museum summer camp:

Please e-mail this completed form to summercamp@thebryanmuseum.org

or mail or return to: The Bryan Museum 1315 21st St, Galveston TX 77550