2023 Girlstart Summer Camp Scholarship Form

Please complete this form to apply for a Girlstart Summer Camp Scholarship. This form, shot records, and proof of income must be submitted BEFORE Monday, April 3, 2023. Please print all information carefully. Incomplete forms OR forms lacking proof of income will not be reviewed!

Send completed scholarship forms, shot records, and proof of income by email to camps@girlstart.org or by fax to 888-852-6481. Otherwise, mail all forms to:

Girlstart Summer Camp  
1400 Anderson Lane  
Austin, Texas 78757

A committee will review scholarship applications after the April 3rd deadline. Girlstart will notify you by April 21, 2023 if your daughter receives a scholarship. Please do not call with any questions regarding the status of your application until after this date. Camps that do not fill are subject to cancellation.

Who is eligible for a scholarship?

A limited number of scholarships are available for families in need of financial assistance. Scholarships are awarded on a case-by-case basis. Applications are reviewed in the order in which they are received. Criteria include, but are not limited to:

- Family income
- Number of persons living on income
- Special individual/family circumstances

Scholarship forms, shot records, and proof of income must be submitted BEFORE April 3, 2023.

How do I apply for a scholarship?

Follow steps 1-7 on the attached scholarship application. All sections must be completed. Submit the forms and proof of income to Girlstart by email, fax, or mail. Acceptable proof of income includes: a pay stub, your 2022 W-2, W-9, or other income tax form.

Scholarship information and the identities of scholarship recipients are kept confidential.

If you are applying for a scholarship, please do not register and pay for camp online. Spots are specifically reserved in each camp theme for scholarship recipients.

For questions, email camps@girlstart.org or call 512-916-4775 ext. 2833.

Please note: Only one week of camp awarded per scholarship recipient.

Girlstart is an organization committed to equity and accessibility. Our anti-discrimination policies can be found on our website at www.girlstart.org/get-in-touch. Should you have questions or issues with our anti-discrimination policies and practices, we urge you to let us know so that we can promptly resolve the situation. Email Section504Coordinator@girlstart.org / TitleIXCoordinator@girlstart.org.

*******PLEASE KEEP THIS PAGE FOR YOUR RECORDS*******
Follow STEPS 1-7 to complete your application. This form, shot records, and proof of income must be submitted to Girlstart BEFORE April 3, 2023.

☐ STEP ONE: REGISTRATION INFORMATION

Please circle all week(s) for which you are eligible and available: (circle all that apply)
Camps are open to girls entering 4th-8th grades in the 2022-2023 school year

Keep Girlstart Weird (4th-5th graders)
June 5-9 OR June 12-16

Keep Girlstart Weird (6th-8th graders)
June 5-9 OR June 12-16

Girlstart Galaxy (4th-5th graders)
June 20-23* OR June 26-30

Girlstart Galaxy (6th-8th graders)
June 20-23* OR June 26-30

Under the Sea (4th-5th graders)
July 10-14 OR July 17-21 OR July 24-28

Scrub In (6th-8th graders)
July 10-14 OR July 17-21 OR July 24-28

Student First Name: ___________________ Student Last Name: ___________________

Date of Birth (MM/DD/YYYY): _______________ Grade during 2022-2023 school year: 3 4 5 6 7

School: _______________________ School District: ________________________________

Please circle student’s t-shirt size:
Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

Please indicate your student’s ethnicity: (optional)
___ Hispanic/Latino ___ Not Hispanic/Latino

Please indicate your student’s race (select all that apply): (optional)
___ American Indian or Alaska Native ___ Asian ___ Black or African American
___ Native Hawaiian or Pacific Islander ___ White

How did you hear about Summer Camp? (please be specific) ________________________________

Has your daughter participated in a Girlstart core program before, including: a Girlstart After School Club, Summer Camp, and/or our Girls in STEM Conference? Yes No

Please circle which program(s) above.

If neither the authorized persons designated below nor I can be contacted in the event of an emergency, I authorize the adults in charge at the Girlstart program to contact the physician below at my expense for whatever treatment the attending physician recommends. I have notified Girlstart of all medical and health conditions that my daughter has had or currently has. In the event of an emergency or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified person or medical personnel to render necessary emergency medical care for my family and myself.
(Please print the doctor’s full name below.)

Doctor’s Name: _________________________ Doctor’s Phone: _________________________

Doctor’s Address: ______________________________________________________________

Signed: ______________________________________ (Parent or Guardian)
All known food and/or drug allergies: ____________________________________________________________________________________________

Any medical conditions or learning disabilities of which we should be aware: ____________________________________________________________________________________________

Please include any medical papers necessary in case of emergency.

Any medications she will be taking while in our care: ________________________________________________________________

Non-prescription medication and prescription medication must be signed-in during camp.

During the hours that Girlstart is in session, I, ______________________, can be reached at __________________________(cell) or ________________ (home). If I cannot be reached in the event of an emergency, the following adult is authorized to act on my behalf:

Name: __________________________________________ Relationship to girl: ________________________________

Home Phone: ___________________ Work Phone: ___________________ Cell Phone: ___________________

☐ STEP TWO: SCHOLARSHIP APPLICATION

Annual Household Income:   $0 - $19,999   $20 - $39,999   $40 - $44,999
                         $45 - $50,999   $51 - $59,999   $60 - $89,999
                         $90 - $119,999  $120 - $149,999  $150 +

Circle one: Single income household   Two-income household

Total # Family Members _____ # Children in Household _____

Is your daughter receiving (or eligible for) free or reduced lunch at school?   Yes      No

If/when your daughter attends college, would she be the first in your family to attend college?   Yes      No

Primary Language Spoken in your home:   English   Spanish   Other __________________

Parent/Guardian #1 Information

First Name: ___________________________ Last Name: ___________________________

Relationship to girl: ___________________ Email Address: ______________________________

Home Address: __________________________________________________________________________

City: __________________ State: __________  Zip: ______________

Home Phone: ___________________ Work Phone: ___________________ Cell Phone: ___________________

Circle highest level of education completed:   8th grade or below   Some high school   High school graduate
                          Trade school   Some college   College graduate   Masters or PhD degree

Are you currently employed?   Yes      No

If you are currently employed, please complete the following:

Employer: __________________________________________________________________________ Position: __________________________________________________________________________

Parent/Guardian #2 Information

First Name: ___________________________ Last Name: ___________________________

Relationship to girl: ___________________ Email Address: ______________________________

Home Phone: ___________________ Work Phone: ___________________ Cell Phone: ___________________
Circle highest level of education completed: 8th grade or below  Some high school  High school graduate
Trade school  Some college  College graduate  Masters or PhD degree
Are you currently employed?  Yes  No
If you are currently employed, please complete the following:
Employer:________________________  Position:__________________________________

☐ STEP THREE: PROOF OF INCOME

All scholarship forms must be accompanied with proof of income for the last year. A pay stub, 2022 W-2, W-9, or other income tax form will be accepted as proof of income. Scholarship applications submitted without proof of income will NOT be reviewed.

☐ STEP FOUR: ESSAY SECTION

On either this sheet or a separate sheet of paper, please answer the following questions. These essay questions are VERY important in the scholarship decision so please give detailed information.

1. Why do you want your daughter to attend Girlstart Summer Camp?

2. Please describe how attending Girlstart Summer Camp would affect your daughter’s future.

3. Please explain the circumstances that make this scholarship important to your family.
☐ **STEP FIVE: IMMUNIZATION RECORDS** All scholarship forms must be accompanied with a record of immunizations (including date of last tetanus shot) and a record of all allergies. *If your daughter attended Girlstart Summer Camp in the past, immunization records must be resubmitted.*

☐ **STEP SIX: PAYMENT** I am willing to provide $_________ for camp.

Can you contribute any money, regardless of amount, for your daughter to attend camp? If so, please write in the amount above. Girlstart will notify you to make payment arrangements. If your daughter does not receive a scholarship and you would like for her to attend summer camp, you must pay for the total camp cost.

☐ **STEP SEVEN: PERMISSION FORM**

My daughter/ward, ______________________, has my permission to participate in the Girlstart Summer Camp in Austin, Texas.

I understand that as a part of Girlstart, my daughter/ward may be videotaped, audiotaped, interviewed, and/or photographed and agree to allow Girlstart to keep, as Girlstart's property, the products of such videotaping, audio taping, interviewing, and/or photographing. I agree that such material, along with my child’s name, may be used and posted on the Girlstart website for promoting the Girlstart program and in any publicity generated by Girlstart. I also understand that my daughter/ward may be asked to do or participate in projects that may also be used by Girlstart for publication in a variety of forums including the Girlstart newsletter, website, and other publications, and that no compensation will be paid for such use.

I understand that by participating in Girlstart, my daughter/ward becomes part of a program/study concerning girls and their attitudes toward math and science. I hereby grant permission for my daughter/ward to participate in this program/study. I further understand that Girlstart will only release the information in accordance with Girlstart policies and procedures.

I understand that participating in Girlstart allows my daughter/ward no special rights or expectations regarding Girlstart, including the right to sue any party involved in the implementation and execution of the Girlstart programs. I agree to hold harmless Girlstart, their agents, and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree not to sue Girlstart, their agents, and employees for any actions or causes of action, including the negligence of Girlstart arising out of participation in this program.

Parent/Guardian Signature ______________________ Date ______________________

Email, mail, or fax completed scholarship form (pages 2-5), shot records, and proof of income to:

Girlstart Summer Camp
1400 Anderson Lane
Austin, TX  78757
Phone: 512-916-4775 ext. 2833  Fax: 888-852-6481
camps@girlstart.org