



Challenger Learning Center of Alaska
STEM Academy Scholarship Application

Full and partial scholarships may be available to assist in covering the camp fees. Scholarships will be awarded on a “need” basis dependent on center grant awards available.

Camper’s Name: _____ Birthdate: _____ Sex: _____

Parent(s) Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

What School District and School does camper attend? _____

(Reporting data only) Race: ___ White ___ Alaskan Native/American Indian ___ Hispanic
___ Native American ___ Asian/Pacific Islander

Total monthly NET wages of all working adults in household: _____

Does family qualify for free or reduced lunch?: _____

Would your child be able to attend the Challenger STEM Academy without a scholarship? _____

Do you plan to register additional children in a Challenger Summer Academy? _____

(if you would like them to be considered for a scholarship as well, please fill out a separate application for each child) List Names: _____

Camp Interested in: ___ **Mad Scientists (3 day)** ___ **Mad Scientist**

___ **Introduction to Coding and Robotics**

I certify that the above information is true and accurate. My signature authorizes the CLCA staff to verify the above information, or the receipt of benefits from the Division of Public Assistance, Social Security Administration, the School District my camper attends, or any other above listed program or organization. I understand that the information in this application will be used to determine scholarship eligibility only. A copy of this release is as valid as the original document. Email to laura.mese@akchallenger.org

Parent/Guardian Printed Name Date

Parent/Guardian Signature