



HMNS is offering 60 summer camp scholarships for the Houston Museum of Natural Science main museum location and 40 summer camp scholarships for the Houston Museum of Natural Science at Sugar Land. The scholarships are open to students who are or will be aged 6 - 12 as of September 1, 2017 from the following school districts or other area schools:

Houston Independent School District (HISD)
Fort Bend Independent School District (FBISD)
Katy Independent School District (KISD)
Stafford Municipal School District (SMSD)
Lamar Consolidated Independent School District (LCISD)
Alief Independent School District (AISD)
Spring Branch Independent School District (SBISD)
Pasadena Independent School District (Pasadena ISD)
Galena Park Independent School District (Galena Park ISD)
North Forest Independent School District (NFISD)
Aldine Independent School District (Aldine ISD)
Cypress-Fairbanks Independent School District (CFISD)
Alvin Independent School District (Alvin ISD)

Students must be interested in learning, have good behavior, and cannot otherwise afford to attend camp. The scholarship includes a full week of Before Camp, Camp, lunch each day, After Camp, and a snack. Students can be dropped off at 8:00 am and must be picked up by 5:30 pm during the week of camp.

If you are interested in applying for a scholarship, please follow the steps below:

1. Fully complete the application. There are 3 total pages (1 page for parent guardian and 2 pages for teacher/staff recommendations. Please have teacher/staff members complete and submit recommendations.
2. Mail this completed application to HMNS EDUCATION DEPARTMENT, 5555 Hermann Park Drive, Houston, Texas 77030. You may also email the form as an attachment to xplorations@hmns.org or fax the form to 713-639-4681. **It must be received on or before May 2, 2017.**
3. *Be prepared to attend camp the weeks that you specified.* If you are awarded a scholarship, that spot is reserved for you alone. It can not be transferred to another student if you are unable to attend.
4. Applicants awarded scholarships will be notified by HMNS the week of May 15, 2017 or before.
5. Scholarships are made possible through the Hearst Foundation Grant.

Houston Museum of Natural Science Summer Camper Scholarship Application Form – 2017



CAMPER INFORMATION PLEASE PRINT NEATLY

Camper's Name: _____ M/F: _____ Age/Grade: _____/_____
School District: _____ School: _____
Parent's Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Day Phone: _____ Cell Phone: _____ Evening Phone: _____
Other Parent/Emergency Contact: _____ Relationship to Camper: _____
Day Phone: _____ Cell Phone: _____ Evening Phone: _____

CAMP INFORMATION PLEASE PRINT NEATLY

FIRST CHOICE

Camp: _____ Location: _____ Week of: _____

SECOND CHOICE

Camp: _____ Location: _____ Week of: _____

RELEASE AND CONSENT PLEASE PRINT NEATLY

Houston Museum of Natural Science Release and Consent for 2017 Xplorations Summer Camp

The Houston Museum of Natural Science ("HMNS") is offering the course(s) above (the "Course"). Although HMNS hopes that no student is ever injured or hurt, injuries are a possibility of participation in the Course. The risk of injuries is a risk that the students and their legal guardians voluntarily agree to assume in exchange for the privilege of registering for and participating in the Course. The students and their guardians understand and agree that this risk is not a risk that HMNS assumes and that HMNS is not responsible for any injuries to the students. Accordingly, _____ (the "guardian"), the legal guardian of _____ (the "student") voluntarily releases, discharges, and waives the right to sue HMNS and its directors, officers, employees, volunteers, agents and all persons acting by, through under or in concert with HMNS (collectively, the "Released Parties") for any and all losses, demands, claims, suits, causes of action, liability, costs, expenses, and judgments whether arising in equity, at common law, or by statute, under the law of contracts, torts, or property, for personal injury (including without limitation emotional distress), arising in favor of the guardian, the student, or anyone claiming through us based upon, in connection with, relating to or arising out of, directly or indirectly, the student's participation in the Course (collectively, "Claims") EVEN IF ANY SUCH CLAIMS ARE DUE TO THE RELEASED PARTIES' OWN NEGLIGENCE, STRICT LIABILITY WITHOUT REGARD TO FAULT, VIOLATION OF STATUTE, OR OTHER FAULT, INCLUDING ANY NEGLIGENT ACT, OMISSION, OR INTENTIONAL ACT INTENDED TO PROMOTE MY CHILD'S SAFETY OR WELL-BEING. The guardian and student hereby give their permission to the Released Parties to obtain emergency medical treatment for the student if any Released Party deems in its discretion that such emergency medical treatment is necessary. The student and the guardian acknowledge and agree that any photos, videos, pictorial images, voice recordings, or quotations including those of student taken or created by any Released Party (including without limitation any taken by any photographer or videographer paid by or volunteering for any Released Party) during or relating to the Course are the sole property of HMNS and may be used in future publications, web pages, promotions, advertisements and exhibits of HMNS (or any other person authorized to use such images by HMNS) without the need of any additional permission from or consideration to the student or guardian. I release and waive for myself, the student, and anyone claiming through us all claims based on the right of privacy, right of publicity, moral rights, or any other intellectual property rights related to the rights granted by me to HMNS.

Parent Printed Name _____ Signature _____ Date: _____



TEACHER or STAFF RECCOMENDATIONS: Please give this form to two *teachers or school staff members* who can recommend you for camp. Teacher or Staff recommendations factor into scholarship selection.

Print and mail this completed application to HMNS EDUCATION DEPARTMENT, 5555 Hermann Park Drive, Houston, Texas 77030. OR

Email the form as an attachment to xplorations@hmns.org or Fax the form to 713 639 4681. **The completed application must be received on or before May 2, 2017.**

TEACHER / STAFF MEMBER 1

NAME: _____

POSTION AT SCHOOL: _____ School/District _____ / _____

Name of Student: _____ Age _____ Grade Level _____

How long have you known the student? _____

Does the student have a financial need for the scholarship? _____

Does the student qualify for free or reduced school meals? _____

How would you rate the following aspects of the student?

	Lowest			Highest	
Behavior	1	2	3	4	5
Willingness to learn	1	2	3	4	5
Willingness to participate	1	2	3	4	5
Aptitude for science	1	2	3	4	5
Aptitude for social studies	1	2	3	4	5
Ability to adapt to a new environment	1	2	3	4	5

Additional Comments:

Please make any additional comments you feel necessary to demonstrate the student’s emotional, intellectual or financial need for the scholarship opportunity being offered.



TEACHER or STAFF RECCOMENDATIONS: Please give this form to two *teachers or school staff members* who can recommend you for camp. Teacher or Staff recommendations factor into scholarship selection.

Print and mail this completed application to HMNS EDUCATION DEPARTMENT, 5555 Hermann Park Drive, Houston, Texas 77030. OR

Email the form as an attachment to explorations@hmns.org or Fax the form to 713 639 4681. **The completed application must be received on or before May 2, 2017.**

TEACHER / STAFF MEMBER 2

NAME: _____

POSTION AT SCHOOL: _____ School/District _____ / _____

Name of Student: _____ Age _____ Grade Level _____

How long have you known the student? _____

Does the student have a financial need for the scholarship? _____

Does the student qualify for free or reduced school meals? _____

How would you rate the following aspects of the student?

	Lowest			Highest	
	1	2	3	4	5
Behavior	1	2	3	4	5
Willingness to learn	1	2	3	4	5
Willingness to participate	1	2	3	4	5
Aptitude for science	1	2	3	4	5
Aptitude for social studies	1	2	3	4	5
Ability to adapt to a new environment	1	2	3	4	5

Additional Comments:

Please make any additional comments you feel necessary to demonstrate the student's emotional, intellectual or financial need for the scholarship opportunity being offered.