

HMNS is offering 20 summer camp scholarships for the Houston Museum of Natural Science main museum location and 5 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, 2021 from the following school districts or any other area school:

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 summercamp@hmns.org or fax the form to 713-639-4681. It must be received on or before May 7, 2021.
- 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 16, 2021 or before.



CAMPER INFORMATION PLEASE PRINT NEATLY

Camper's Name:		M/F: A	ge/Grade:/			
School District:	School:					
Parent's Name:	Email:					
Address:	City:	State:	Zip Code:			
Day Phone:	Cell Phone:	Evening Phon	e:			
Other Parent/Emergency Contact:		Relationship to	Camper:			
Day Phone:	Cell Phone:	Evening Pho	ne:			
CAMP INFORMATION PLEAS	E PRINT NEATLY					
FIRST CHOICE						
Camp:	Location:	Wee	k of:			
SECOND CHOICE						
Camp:	Location:	We	ek of:			
RELEASE AND CONSENT PL Houston Museum of Natural Science Relea		amp at HMNS				
The Houston Museum of Natural Science ("HMN injuries are a possibility of participation in the Cot for the privilege of registering for and participating and that HMNS is not responsible for any inju	S") is offering the course(s) above (the "Carse. The risk of injuries is a risk that the string in the Course. The students and their guardies to the students. Accordingly,	Course"). Although HMNS hope tudents and their legal guardians dians understand and agree that the surface of the right to sue HMNS wely, the "Released Parties") for a mon law, or by statute, under the interest of the surface (collectively, "Claims") EVIT REGARD TO FAULT, VICUTENDED TO PROMOTE MY gency medical treatment for the surface acknowledge and agree that an ecluding without limitation any takes property of HMNS and may be	voluntarily agree to assume in exchang this risk is not a risk that HMNS assume (the "guardian"), the legal guardian of and its directors, officers, employees any and all losses, demands, claims, suits to law of contracts, torts, or property, for ing through us based upon, in connection EN IF ANY SUCH CLAIMS ARE DUDATION OF STATUTE, OR OTHEI CHILD'S SAFETY OR WELL-BEING student if any Released Party deems in it y photos, videos, pictorial images, voic ken by any photographer or videographer used in future publications, web pages			
or consideration to the student or guardian. I releas publicity, moral rights, or any other intellectual pro	and waive for myself, the student, and an	yone claiming through us all clai				
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.

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TEACHER / STAFF MEMBER 1

Additional Comments:

School/Distric				/	
Age		Grade Level_			
Lowest		Highest			
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
	Low 1 1 1 1 1	Lowest 1 2 1 2 1 2 1 2 1 2 1 2	Lowest 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	Lowest 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

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



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TEACHER / STAFF MEMBER 2

NAME:						
POSTION AT SCHOOL:	School/I	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?	Low		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.