



Scholarship Application
2020 Sacramento History Museum
History Camp

This scholarship is intended to cover all fees for one week of camp during the 2020 History Camp.
In order to qualify, please fill out this form entirely.

Camper/ Student Name: _____

Parent/ Guardian Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____ Email: _____

School: _____ Grade Entering: _____

Social Service Programs: (check all that apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> SSI/SDI |
| <input type="checkbox"/> EBT/ Food Stamps | <input type="checkbox"/> Cal Works |
| <input type="checkbox"/> Free/ Reduced Cost School Lunch | <input type="checkbox"/> Foster Youth |
| <input type="checkbox"/> Other: _____ | |

Have you attended camp at the Sacramento History Museum before? YES NO

To which camp(s) are you requesting to apply a scholarship?

- Week 1, June 22-26: History Alive! **Ages 6-13**
- Week 2, July 6-10: History Mystery! **Ages 10-13**
- Week 3, July 13-17: Life Long Ago **Ages 10-13**
- Week 4, July 27-31: History Mystery! **Ages 6-9**
- Week 5, August 3-7: Life Long Ago **Ages 6-9**

Camper Questions

Tell us about yourself. (Your favorite subject in school, what you like to do outside of school, etc)

Why would you like to come to camp at the Sacramento History Museum?

Parent Questions

Why is it important to you that your child attends this camp?

Is there any additional information we should know?
