



THE LAWRENCE HALL OF SCIENCE

UNIVERSITY OF CALIFORNIA, BERKELEY

Scholarship Application for Summer 2012

Visit www.lawrencehallofscience.org/camps for camp descriptions

APPLICATION DEADLINE: March 23, 2012 for Summer Programs

The Lawrence Hall of Science has a limited number of full and partial scholarships for Summer Camps. Scholarship funds are offered so that students who otherwise could not afford to attend camps can attend. Scholarships are awarded based on the applicant's need and merit, and a demonstrated interest in science. First time applicants will be given consideration over those who have previously received scholarships. Due to limited funding, the Lawrence Hall of Science may only provide financial assistance once each year per participant.

To Apply:

Fill out the two-page application

Attach

- A letter from the student explaining why she/he wants to go to camp. (or, as age appropriate, and picture and limited writing.)
- A letter from the parent or guardian explaining how the student would benefit from camp.
- Letter of Reference from the student's teacher

Send your completed application to:

**University of California, Berkeley
Attn: Peggy Storrs - Rm 209, Scholarships
Lawrence Hall of Science #5200
Berkeley CA 94720-5200**

Please be as comprehensive as possible in the information you give us. We will send you a notice that your application has been received. You will be notified of our decision by April 5, 2012.

PLEASE NOTE: If you would like a guaranteed space in the **Marine Biology Research Camp** in the event that you **do not** receive a scholarship, you will need to fill out an enrollment form and make a separate non-refundable deposit of \$175.

If you have any questions, please call Peggy Storrs at (510) 643-3869.



**THE LAWRENCE
HALL OF SCIENCE**
UNIVERSITY OF CALIFORNIA, BERKELEY

Child's Name _____

Age (As of June 2012) _____ Grade (Entering Fall 2012) _____ Male _____ Female _____

Parent/Guardian: _____ LHS member Yes ___ No ___

Address: _____

City/State: _____ Zip: _____

Email Address: _____

Phone: home _____ other _____

Child's School: _____

Camp Session Applying for:

First Choice:

Name of Camp	Date	Cost
--------------	------	------

Second Choice:

Name of Camp	Date	Cost
--------------	------	------

We are requesting

- Full Scholarship for one camp
- Partial Scholarship _____

This child has a sibling(s) who is also applying for a camp scholarship. Name(s) _____

- We prefer that these children attend camp the same weeks.

Has student attended LHS camps or classes previously? Yes _____ No _____

Have you applied for a scholarship before? Yes _____ No _____ If yes, give year(s): _____

