

Camper Information

Name

Address:

City:

State:

Zip:

Phone:

Email Address:

Current Grade:

Gender:

School:

Date of birth:

Ethnicity:

Are you a member of a Native American Tribe? If so, please enter tribe and citizenship number:

Please select which Summer Camp Session you will be attending:

Week One *(September 21-24)*:

Week Two *(Sept. 28-Oct. 1)*:

Week Three *(October 5-8)*:

Week Four *(October 12-15)*:

Week Five *(October 19-22)*:

Week Six *(October 26-19)*:

Have you attended a TASM Camp before? Yes: No:

Parent Guardian Information

Name:

Relationship:

Phone:

Alt. Phone:

Email Address:

Occupation/place of employment:

Total number of individuals in household:

Number of children in this program:

Names of children:

Financial Need:

Campers, in the space below briefly describe your financial need for this scholarship.

Camper, please answer the following Questions in your own words, within the space provided

Please tell us about yourself.

Have you participated in other science related programs? If yes, please tell us about them.

What do you hope to learn or experience during your selected summer camp session?

Certifications:

Camper Certifications

I, as the camper applicant, certify that I have completed the above questions and the answers are written by me.

Name of Camper:

Date:

Parent Certification

I, as the camper applicant's parent or guardian, certify that to the best of my knowledge the above statements are true

Please return this form to education@tulsamuseum.org or in person at the Tulsa Air and Space Museum.