

This must be completed to apply for the **STEM (Science, Technology, Engineering, Math) Camp** Scholarship. **Completion of the form DOES NOT automatically mean a child will receive a scholarship.** We will contact parents to notify them of their child's acceptance.

# STEM Camps

## Scholarship Application for Girls & Boys

Pace Community Action Agency, Inc. promotes individual empowerment and community improvement. Aligned with our mission, we are providing a limited number of scholarships for youth to attend STEM Camps. There are a variety of camps in our area that provide hands-on technology activities for youth. **These scholarships are our way of making sure that financial issues do not stop low-income females from attending STEM camp.**

Interested individuals should identify a STEM Camp and complete this application. Financial reimbursement may include the cost of the camp and mileage to and from the camp. A limited number of scholarships exist and reimbursement is not automatic- **individuals will be notified if they will receive the scholarship and payment will be made directly to the camp selected. This scholarship is for Daviess, Greene, Knox, and Sullivan County IN residents.**

Camp Name \_\_\_\_\_ Camp Date(s) \_\_\_\_\_  
Camp Website \_\_\_\_\_ Camp Phone \_\_\_\_\_  
Cost of Camp \_\_\_\_\_

We want to celebrate this program and your child's participation in this endeavor through social media, news and/or our agency's website. By signing this form, you are granting permission to use your child's name and photo. In addition, by signing this form, you are granting permission for Pace staff to obtain eligibility information regarding your family.

Parent/guardian printed name \_\_\_\_\_  
Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_  
Email (for use in sharing more details about activities) \_\_\_\_\_

Applicant name (child attending camp) first and last \_\_\_\_\_  
Applicant's current grade \_\_\_\_\_ Applicant's current school \_\_\_\_\_  
Applicant's address \_\_\_\_\_

# Client Intake Form



Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

<b>Family Type</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults / no children <input type="checkbox"/> Single parent – female <input type="checkbox"/> Single parent – male <input type="checkbox"/> Two parent household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multigenerational home <input type="checkbox"/> Other	<b>Type of Home</b> <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Camper	<b>Ownership of Home</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless	<b>Household Income</b> Estimate the gross <b>MONTHLY</b> income for the home. \$ _____
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**Please list all household members who reside in your home – all questions must be answered for each household member. Use the codes below to answer the boxes in color.**

Name	Date of Birth	Social Security # (last 4 #'s for Head of Household only)	Sex M/F	Race Code	Hispanic Y/N	Military Status	Disabled Y/N	Health Insurance Code	Education Level	Work Status	Income Source Code(s) <small>List all that apply for the past 12 months</small>
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

<b>Race Codes</b>	<b>Military Status</b>	<b>Health Insurance Codes</b>		<b>Education Level</b>	<b>Non-Cash Benefits</b>
<b>A.</b> American Indian <b>B.</b> Alaska Native <b>C.</b> African American <b>D.</b> Native Hawaiian or Pacific Islander <b>E.</b> White <b>F.</b> Multi-Race <b>G.</b> Other	<b>A.</b> Veteran <b>B.</b> Active Duty	<b>A.</b> Medicaid <b>B.</b> Medicare <b>C.</b> Other <b>D.</b> Military <b>E.</b> Hoosier Healthwise <b>F.</b> HIP Adult <b>G.</b> Employment Base <b>H.</b> Direct Purchase <b>I.</b> None	<b>A.</b> Grades 0-8 <b>B.</b> Grades 9-12, non-graduate <b>C.</b> HS Graduate / GED <b>D.</b> HS Graduate, some college <b>E.</b> 2 or 4 year college graduate	<input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing (rental assistance) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy	
<b>Work Status</b>			<b>Income Source(s) Codes</b>		
<b>A.</b> Employed full-time <b>B.</b> Employed part-time <b>C.</b> Migrant / seasonal worker <b>D.</b> Unemployed (6 months or less)	<b>E.</b> Unemployed (6 months or more) <b>F.</b> Never entered workforce <b>G.</b> Retired <b>H.</b> Other	<b>A.</b> Employment <b>B.</b> Social Security <b>C.</b> TANF <b>D.</b> Unemployment <b>E.</b> Worker's Comp	<b>F.</b> SSI <b>G.</b> Alimony <b>H.</b> Pension <b>I.</b> Child Support	<b>J.</b> Self-Employment <b>K.</b> VA Benefit <b>L.</b> Other <b>M.</b> No Income	