



Marshall University

College of Engineering and Computer Sciences

STEM TALENTED RESEARCHER (STAR) SUMMER CAMP

SCHOLARSHIP APPLICATION FORM

Applicant Name: _____ Date of Birth: _____ Grade Entering: _____

Family Information:

Parent1/Guardian1 Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

Parent2/Guardian2 Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

Other Children in Family: How many? _____

Name	Age	Living at Home (Y/N)
_____	_____	_____



Marshall University

College of Engineering and Computer Sciences

Income Information:

Gross Monthly Family Income: \$ _____

Additional Income:

Welfare AFDC:	\$ _____
Child Support:	\$ _____
Support from Spouse:	\$ _____
Social Security:	\$ _____
Income from 2 nd Job:	\$ _____
Other Income:	\$ _____

Total Additional Income \$ _____

Specify weekly amount that you are able to pay for summer program: \$ _____

Reason for Need

Briefly explain the reason for your request below:

Scholarship is based on family income and the amount is determined by the selection committee. Anyone on a scholarship is required to pay the designated camp deposit (\$200) at the time of acceptance and it will be returned at the successful completion of the camp.

Parent/Guardian Signature: _____ Date: _____