

## Children's Museum of Oak Ridge

### Camp Scholarship Application

The Children's Museum of Oak Ridge (CMOR) has a limited number of scholarships for its Imagination Station camp programs. A scholarship covers the camp registration fee. Children in (or rising) into grades K-5 who have transportation to and from camp are eligible for a scholarship. Scholarships are only for children who require financial assistance to attend camp.

Each application must include the following:

1. One (1) completed Scholarship Application (this form)
2. One (1) completed Recommendation Form from an adult 18 years or older **excluding family**
3. One (1) copy of the parent or guardian's most recent income tax return (please mark out social security numbers)

Tax returns are only used to determine financial need. All information submitted to the Children's Museum of Oak Ridge is kept strictly confidential.

**Incomplete applications will not be considered.**

If your child is awarded a scholarship and the first choice is not available, your child will be placed in his/her second or third choice, if possible. For a complete camp schedule, visit <https://bit.ly/campatcmor>

Please return your completed application to:

Children's Museum of Oak Ridge  
Attn: Jessica Ordonez  
461 W. Outer Dr.  
Oak Ridge, TN 37830

You may also bring the application to the Museum's front desk. Please make sure it is in an envelope and addressed to Jessica Ordonez. The Museum's hours are Tues. – Sat. 10 am – 4 pm and Sun. 1-4 pm.

Questions about scholarship applications should be directed to Jessica Ordóñez at 865-482-1074 ext. 106 or [jordonez@childrensmuseumofOakRidge.org](mailto:jordonez@childrensmuseumofOakRidge.org).

## Scholarship Application

### Please fill out all information

#### Child's Information

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Parent/Guardian 1

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

Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Parent/Guardian 2

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

Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Family Information

Does the family receive? ☐ SNAP ☐ WIC ☐ TANF/Families First ☐ Other: \_\_\_\_\_

How many people live in the household? \_\_\_\_\_

Adjusted Gross Income (found on Line 11 of your 1040) as reported on the most recent federal income tax return: \$ \_\_\_\_\_

Requesting: Partial Scholarship (how much?) \_\_\_\_\_ Full Scholarship \_\_\_\_\_

Has this child received a scholarship to attend camp at CMOR before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when? \_\_\_\_\_

#### Camp Preferences

1st Choice Camp Name: \_\_\_\_\_

2nd Choice Camp Name: \_\_\_\_\_

3rd Choice Camp Name: \_\_\_\_\_

Please explain any financial circumstances that you would like to have considered as a basis for awarding this scholarship.

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How would your child benefit from attending an Imagination Station Summer Camp at CMOR?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed applications can be mailed, emailed, or dropped off in person.

Children's Museum of Oak Ridge Imagination Station Summer Camp  
461 W. Outer Drive  
Oak Ridge, TN 37830  
E-mail: [jordonez@childrensmuseumofOakRidge.org](mailto:jordonez@childrensmuseumofOakRidge.org).

## Scholarship Application Recommendation Form

Name of Recommender: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Directions: Please comment on the specific ways you believe this applicant will benefit from having the opportunity to participate in an Imagination Station Summer Camp.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed recommendations can be mailed, emailed, or dropped off in person.

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