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.
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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______________________________________________________________________________
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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.
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.

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Signature ________________________________       Date______________________

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