



Eva Howe Stevens Scholarship Application

The Eva Howe Stevens Scholarship at the Rochester Museum & Science Center provides financial assistance to young people whose family demonstrates financial need, is a resident of Monroe County, and can benefit from Preschool and Camp offerings at the RMSC. **Applicants must be residents of Monroe County and meet financial guidelines for consideration.**

RMSC Camp(s)

Participation, regardless of scholarship award, is subject to availability.

| Start Date | Title | Fee | RMSC Member Discount |
|------------|-------|-----|----------------------|
| | | | |
| | | | |

Camper's Information

| | | | |
|--------------|---|------------|--|
| Full Name | | Age | |
| Address | | Birth Date | |
| City, ST Zip | | Gender | |
| Residency | <input type="checkbox"/> I certify this child is a resident of Monroe County. | | |

Caregiver 1

| | | | |
|---------------|---|--------------|--|
| Name | | Relationship | |
| Phone | <input type="checkbox"/> Cell <input type="checkbox"/> Home | Email | |
| Address | | Employer | |
| City, ST, Zip | | Work Phone | |

Caregiver 2

| | | | |
|---------------|---|--------------|--|
| Name | | Relationship | |
| Phone | <input type="checkbox"/> Cell <input type="checkbox"/> Home | Email | |
| Address | | Employer | |
| City, ST, Zip | | Work Phone | |

Financial Information

| | | | |
|---|--|--|--|
| Income from Tax Return | | Number of Adults in Household: | |
| Income not listed on Tax Return (child support, etc.) | | Number of Children (under 18) in Household: | |
| Total Family Income | | Amount of Assistance Requested (Awards often cover a moderate amount of one program) | |
| Year of enclosed Tax Return | | A copy of your most recent Federal Income Tax Return must be provided. | |

Eva Howe Stevens Scholarship Application (continued)

Statement of Need and Interest

Use the space below to explain why you wish to enroll your child in the requested program and explain your financial need.

Certification

The information I have provided is current and correct. I understand the applicant must be a Monroe County resident living in a household with proof of financial need to be considered for this scholarship.

Adult Signature: _____ Date: _____

Adult's Name (Please Print): _____

Check List

To ensure processing of your application, make sure all of the following are complete and enclosed:

- Scholarship Application
- A copy of your most recent Federal Income Tax Return

Mail or Drop Off

Guest Services
Rochester Museum & Science Center
657 East Avenue, Rochester, NY 14607

Questions

Call Guest Services at 585-697-1942 for further information.