INSTRUCTIONS:

We ask that you complete this form in its entirety. You must also complete and sign a regular application form and submit the non-refundable $35 application fee. We will inform you of our scholarship decision on June 1.

Please mail to: Dominican University of California
Summer Odyssey
50 Acacia Avenue
San Rafael, California 94901

Student’s Name

Parent’s/Guardian’s Name

Why are you applying for a scholarship?

TOTAL PROGRAM COST:

The cost of the Summer Odyssey Camp is $425 ($35 non-refundable registration fee and $390 tuition fee). The registration fee of $35 is required from all participating families. If you need to discuss the terms of enrollment further, or have any questions, please contact us at 415-485-3255.
Thank you very much for your assistance.

PARENTS/GUARDIANS EMPLOYMENT INFORMATION

Parent A Name ___________________________ Occupation ___________________________
Employer ___________________________ Date of Employment ___________________________

Parent B Name ___________________________ Occupation ___________________________
Employer ___________________________ Date of Employment ___________________________

MONTHLY INCOME INFORMATION

A. Gross earnings of parent(s) Parent A $ __________ Parent B $ __________ Total $___________
B. Earnings from other sources Parent A $ __________ Parent B $ __________ Total $___________
C. Child Support Parent A $ __________ Parent B $ __________ Total $___________
D. Other Parent A $ __________ Parent B $ __________ Total $___________

MONTHLY EXPENSE INFORMATION

A. Mortgage/Rent Parent A $ __________ Parent B $ __________ Total $___________
B. Car Payments Parent A $ __________ Parent B $ __________ Total $___________
C. Bank or School Loan Parent A $ __________ Parent B $ __________ Total $___________
D. Other Parent A $ __________ Parent B $ __________ Total $___________

OTHER SIGNIFICANT INFORMATION

Please list any other significant information you think we should know.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

AGREEMENT

To the best of my knowledge the above information is true and accurate. I do not have sufficient assets to allow me to comfortably pay the regular tuition fees. I recognize that there are many families applying for a limited number of scholarships from Summer Odyssey and, by signing below, give my word that I truly need the scholarship. If there are any changes in employment or financial status, I will contact the Summer Odyssey staff immediately.

Parent/Guardian Signature ___________________________ Print Parent/Guardian Name ___________________________ Date ___________________________