



SCHOLARSHIP APPLICATION

This application form and its contents are confidential. It is used to help us more effectively assess and meet the needs of the families participating in our program. Thank you for your assistance.

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.

DOMINICAN UNIVERSITY
of CALIFORNIA

50 ACACIA AVENUE
SAN RAFAEL, CALIFORNIA 94901

DOMINICAN.EDU/ODYSSEY

(continued on reverse side)

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.

Thank you very much for your assistance.

Parent/Guardian Signature	Print Parent/Guardian Name	Date
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