

SCHOLARSHIP APPLICATION

*Please return in time for application deadline of
Friday, May 29, 2020.*

DOMINICAN
UNIVERSITY
of CALIFORNIA



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 \$480 (\$35 non-refundable registration fee and \$445 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.

(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.

Parent/Guardian Signature	Print Parent/Guardian Name	Date
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Thank you very much for your assistance.