

2019 Summer Camps Scholarship Application

Please complete one application per student

Name of student: _____ Student Birthdate: _____

Name of parent/guardian making application: _____

Parent Phone number: _____ Home Cell Other _____

Mailing address: _____

City, State ZIP: _____ Email: _____

Student's School as of Spring 2019: _____

Please indicate the camp your student is most interested in by ranking them (1 is highest interest; rank only those with interest):

Ages 8-11

- | | |
|---|------------------------------|
| _____ Code Your Own Adventure! Interactive Storytelling (\$179) | (June 17–21, 9am–12pm) |
| _____ Virtual Reality: The Future is Now (\$199) | (June 24–28, 9am–12pm) |
| _____ App.IO: Make Your First Multiplayer App! (\$179) | (July 8–12, 9am–12pm) |
| _____ Minecraft Modders (\$179) | (July 15–19, 9am–12pm) |
| _____ Battle Royale: Make Your First <i>Fortnite</i> ® Style Video Game (\$179) | (July 22–26, 9am–12pm) |
| _____ Code Breakers (\$179) | (July 29–August 2, 9am–12pm) |

Ages 11-14

- | | |
|---|-----------------------------|
| _____ Code Your Own Adventure! Interactive Storytelling (\$179) | (June 17–21, 1pm–4pm) |
| _____ Virtual Reality: The Future is Now (\$199) | (June 24–28, 1pm–4pm) |
| _____ App.IO: Make Your First Multiplayer App! (\$179) | (July 8–12, 1pm–4pm) |
| _____ Minecraft Modders (\$179) | (July 15–19, 1pm–4pm) |
| _____ Battle Royale: Make Your First <i>Fortnite</i> ® Style Video Game (\$179) | (July 22–26, 1pm–4pm) |
| _____ Code Breakers (\$179) | (July 29–August 2, 1pm–4pm) |

Ages 8-12 for Kids on the Autism Spectrum

- _____ Minecraft Designers for Kids on the Autism Spectrum (\$179) (August 12–16, 9am–12pm)

Ages 13-18 for Kids on the Autism Spectrum

- _____ Minecraft Designers for Kids on the Autism Spectrum (\$179) (August 12–16, 1pm–4pm)

Name of Student: _____

Name of parent/guardian making application: _____

Please provide some background on your student's interest in these camps:

We must verify financial need in order to comply with the funding guidelines from our sponsors. The information that you provide will be kept confidential. Please check if your child or the child's household receives assistance through:

- Reduced School Lunch Free School Lunch SNAP Benefits Child Care Subsidy
 WIC Title XIX Hawk-I insurance

County Assistance (type) _____ County Name _____

Other Financial Assistance _____

Please explain why you are requesting financial assistance: _____

How much are you able to pay towards your student's camp fee? _____

By signing below, you assure that the information above is correct and you authorize Hawkeye Community College Foundation to verify participation in the financial assistance program(s) indicated above.

Print Name: _____ Date: _____

Signed: _____ Relationship to student: _____

Please return this application to:

**HCC Foundation
PO BOX 8015
Waterloo, IA 50704-8015**

Or Email to foundation@hawkeyecollege.edu