



Summer Science Class Scholarship Application

Scholarship Applications are due May 20th to be considered. Petroleum Museum staff will call by May 27th to let applicant know if their scholarship was accepted.

Scholarships are underwritten by Midland College Students in Philanthropy and Lee High School Students in Philanthropy.

Please submit this application and all attached forms to:

Permian Basin Petroleum Museum
Attn: Education Department
1500 Interstate 20 West
Midland, Texas 79701

Or scan and email to shanna@petroleummuseum.org

Pick a session to sign up for (One scholarship per child):

Event Dates	Entering Grade	Focus
<input type="checkbox"/> June 17, 2016	2nd – 6th	Building Bots of Science – Robotics
<input type="checkbox"/> June 24, 2016	2nd – 6th	Science Rocks – Geology
<input type="checkbox"/> July 8, 2016	2nd – 6th	Mysteries of Science – Chemistry
<input type="checkbox"/> July 15, 2016	2nd – 6th	Wild for Science – Wildlife
<input type="checkbox"/> July 29, 2016	2nd – 6th	The Science of Life – Biology
<input type="checkbox"/> August 5, 2016	2nd – 6th	Science Wars – Astronomy

Does the applicant receive free or reduced lunches in school? Yes No

CHILD'S NAME:

AGE:

GRADE ENTERING IN FALL 2016:

PARENT/LEGAL GAURDIAN:

STREET ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

WORK PHONE:

E-MAIL:

Would you like to receive emails about upcoming Family Programs at the Petroleum Museum?

Yes No

EMERGENCY CONTACT:

PHONE NUMBER:

RELATION TO CHILD:

NAME(S) OF PEOPLE MOST LIKELY TO DROP OFF/PICK UP CHILD:

Petroleum Museum staff reserves the right to check the I.D. of anyone picking up children from our programs. Petroleum Museum staff will only release children to persons listed above. If someone else will be picking up your child, please notify the museum at 432-683-4403.

Parent/Legal Guardian Signature _____

Date _____

Student Statement:

Please tell us in one or two sentences why you would like to attend this program.

Sponsor Recommendation:

Please choose an adult, who is not your parent or legal guardian, to explain why you would benefit from attending this program.

Have them write their response in the lines below.

Mentor's Name: _____

Phone number: _____ Email: _____

MEDICAL RELEASE FORM

CHILD'S NAME:

ADDRESS:

DATE OF BIRTH:

PERSONAL PHYSICIAN:

PHYSICIAN'S ADDRESS:

PHYSICIAN'S PHONE NUMBER:

PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME:

ADDRESS:

HOME #:

WORK #:

CELL #:

Please list any chronic or acute medical problems (Continue on back if needed):

Please explain any special considerations we need to know related to the above conditions:

List any allergies to food, pollen, or medicine:

List any medications being taken at present:

I ACKNOWLEDGE THE PARTICIPANT'S IMMUNIZATION ARE CURRENT: _____ YES _____ NO

My child plans to attend the Permian Basin Petroleum Museum education program. In case of accident or illness, I give my permission for my child to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

PARENT/LEGAL GUARDIAN'S SIGNATURE:

PARENT/LEGAL GUARDIAN'S NAME PRINTED:

DATE:

HEALTH/ACCIDENT INSURANCE CARRIER:

POLICY NO:

GROUP NO:

PHOTO RELEASE FORM

I give the Petroleum Museum and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

Child's Name:

Parent/Legal Guardian's Name:

Parent/Legal Guardian's Signature:

Date: