

# APPLICATION FOR A SCHOLARSHIP TO TIC SUMMER CAMP



Please fill in this form completely and send with the camp application to TIC CAMP OFFICE, 3715 Camelot Drive, Annandale, VA 22003 or [jared@ticcamp.com](mailto:jared@ticcamp.com) as soon as possible, but by May 15 at the latest.

Name of Applicant \_\_\_\_\_ Date applied \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in school next September \_\_\_\_\_ School \_\_\_\_\_

Name(s) of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Scholarships for TIC are only available for our DC West Location (Georgetown Day Lower Middle School) ONLY. Please indicate which session you would like to attend below.**

Which session you would you prefer to attend (Circle One)?

- SESSION 1: June 19th - June 30th
- SESSION 2: July 3rd - July 14
- SESSION 3: July 17th - July 28th
- SESSION 4: July 31st - August 11th

What kind of student are you? Describe your academic record.

What are your main hobbies and interests?

Describe any experience with computers you may have had.

**Use the back of this application or a separate sheet of paper** to write an essay about why you would like to attend TIC Summer Camp, describing your interest in technology instruction and how you think the camp program might benefit you.

**PARENT APPROVAL: Please have your parent sign below.**

I hereby give permission for my child to apply for a partial tuition scholarship to TIC Summer Camp.