



Camp IMAG Scholarship Fund

The Camp IMAG Camp Scholarship Fund aims to maximize educational opportunity for all children. The IMAG History & Science Center is committed to supporting our community, especially in the area of STEM Education. The Camp IMAG Scholarship Fund supports families in need by offering tuition assistance for rising 1st to 8th graders to our STEM and history camps. Applications for these need-based scholarships will be submitted to and reviewed by a third-party organization who will determine the award recipients. Each award recipient will receive one week of paid camp tuition (a \$275 value), as well as a free Annual Family Membership (a \$125 value) to the IMAG History & Science Center for up to 2 adults and 4 children. We are so proud to offer this program and be a part of expanding STEM and history education in our community.

Application Instructions:

- 1) Parent or guardians will need to complete the bottom portion of this application and submit it to the Director of Education, Amy Loveless, amy@theIMAG.org **no later** than **April 31, 2023**
- 2) **Students** will need to submit a one page essay covering the following questions
 - What is it about science and/or history that interests you the most?
 - Why would you like to attend camp IMAG?
 - How would this scholarship benefit you?
- 3) Attach a letter of recommendation from a **teacher or mentor** that address the following:
 - Why is this student deserving of a Camp IMAG scholarship?
 - What interests does the student show regarding science and/or history?
 - How would this scholarship benefit this student and their future in science and/or history?
- 4) Submit application form, essay, and recommendation letter by snail mail or email:

Mail to :

Amy Loveless
2000 Cranford Ave
Fort Myers, Florida 33916

Email : amy@theIMAG.org

Recipients of the scholarships will be notified **two weeks after the deadline for submission**



Camp IMAG Scholarship Application

Child's First & Last Name _____ Grade Level _____ School _____

Child's DOB _____ Gender _____

Allergies _____ Special Needs _____

Parent/Guardian Information

Parent or Guardian First & Last Name _____ Phone Number _____

Address _____ City, State _____ Zip Code _____

E-mail Address _____

Please explain the circumstances that would make your child eligible for a scholarship:

Requested dates: (Although we will take preferred weeks into consideration, **it is not guaranteed depending on weekly capacities.**)

Please see our website for more information on each week of camp.

- 1.
- 2.
- 3.