

Adam Bloom Scholarship Application

Parent/Guardians Names: _____

Nantucket Address: _____

Mailing Address (if different): _____

School Child attends: _____

Telephone: _____ Email: _____

Child's Name: _____ Birthday and Age: _____

Camp Session (Circle One): Winter Camp Spring Camp

Camp Dates: _____

Please include the following application materials:

1. A completed copy of this application
2. Financial Eligibility information
 - a. Copy of letter showing participation in free/partial lunch program OR
 - b. The following information (please include **copies** of original forms):
 - Recent Income Tax Form
 - Unemployment/Social Security Disability \$ _____
 - Other Income (Specify) \$ _____
 - c. Total Monthly Family Income (from all adults) \$ _____
 - d. Total Number of Family Members: _____

Return the completed application to the Maria Mitchell Association. Financial Aid will be awarded on a first-come, first-served basis and funds are limited. For any questions call Kim Botelho at 508-228-9198 or kbotelho@mariamitchell.org.