

**SCIVIS 2020**  
**Space Camp for Interested Visually Impaired Students**  
U.S. Space & Rocket Center – Huntsville, Alabama  
**SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Vision Teacher: \_\_\_\_\_

Teacher's phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Your eye condition: \_\_\_\_\_ Visual Acuity: \_\_\_\_\_

**Eligibility:**

- Student must be in 4<sup>th</sup> grade (10 years old) through high school.
- Students must have independence in the areas of daily living and social skills.
- Applicants must be able to provide their own transportation to and from Huntsville, Alabama.
- Scholarship winner must write a short article in IAER newsletter about Space Camp experience.
- Students are only eligible for one scholarship per program.

**Include with your application:**

- A letter of recommendation from your vision teacher.
- A letter of recommendation from another teacher or principal.
- Write a brief essay (2 page max.) on the following topic: If you were on a space station for two weeks, what job would you choose and what would your day look like?

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that transportation is the responsibility of the scholarship winner.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

If my child is awarded the Space Camp Scholarship, I give my permission to have his/her name and/or picture to be announced and/or published for IAER functions.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

Submit application by April 1, 2020 to:  
Elizabeth Budzik, 700 E Golf Road; Des Plaines, IL 60016  
Phone: (847) 436-4553 Email: budzike@d62.org