

## August Haydock Memorial Scholarship Application

<b>Applicant Last Name:</b>		<b>Applicant First Name:</b>	
<b>Date of Birth:</b>	<b>Contact Email:</b>	<b>Contact Phone:</b>	
<b>Street Address:</b>			<b>City:</b>
<b>State/Province:</b>	<b>Postal Code:</b>	<b>Country:</b>	
<b>School Name</b>			<b>School City:</b>
<b>Parent or Guardian Name:</b>			<b>Contact Email:</b>
<b>STEM Program Name:</b>			<b>Full Cost of Program:</b>
<b>Date(s) of Program:</b>	<b>Program Email:</b>	<b>Program Phone:</b>	<b>Request Amount:</b>
<b>Payment Due Date:</b>	<input type="checkbox"/> Check Payment <input type="checkbox"/> CCard Payment		<b>Payment Reference:</b>

**Instructions:**

1. Complete this form.
2. Using no more than 500 words, describe why you want to participate in this program. Also, explain how Gearbox Labs funding you helps you participate in this program.
3. Provide information about the program you wish to attend by submitting a link or links to the program website and to the specific opportunity you wish funded.
4. Provide a written endorsement from a non-family member for your application. This may be submitted separately to [scholarships@gearboxlabs.org](mailto:scholarships@gearboxlabs.org)
5. After participation in the program, provide Gearbox Labs with a 100 word or less description of your participation.
6. Submit all documents and documentation via email to [scholarships@gearboxlabs.org](mailto:scholarships@gearboxlabs.org)

**Student Signature /Date**

\_\_\_\_\_ / \_\_\_\_\_

**Parent or Guardian Signature / Date**

\_\_\_\_\_ / \_\_\_\_\_

With this application we attest that all information is accurate and that the student will participate in the program submitted. The funded student will also provide a written narrative of their experience after participation. We accept that all decisions by Gearbox Labs are final.

**Submission Checklist**

- \_\_\_\_\_ All Form Application Information Provided
- \_\_\_\_\_ Program Information Links
- \_\_\_\_\_ Application Narrative
- \_\_\_\_\_ Non-Family Endorsement
- \_\_\_\_\_ Student and Parent or Guardian Signatures