



**HIGH SCHOOL SUMMER SCHOLARS  
BIOLOGY RESEARCH IMMERSION PROGRAM  
SCHOLARSHIP APPLICATION**

*To be completed by student and at least one legal guardian. Please type or print in ink. Please return no later than March 31<sup>st</sup> to:*

***Learning Center  
Buck Institute for Research on Aging  
8001 Redwood Blvd.  
Novato, CA 94945***

*To send electronically, please complete, sign and scan the form and send to:  
[learningcenter@buckinstitute.org](mailto:learningcenter@buckinstitute.org).*

*(Please note this is only the scholarship application. You must also apply separately for the High School Summer Scholars program. Your scholarship application will not be part of the consideration of your program application.)*

**Section A: Applicant**

1. Student's Name: \_\_\_\_\_  
*(As it appears in the online application)*

2. Student's School: \_\_\_\_\_

3. Name, day phone number, and email address of a Parent or Guardian that can Verify Financial Information:  
\_\_\_\_\_  
\_\_\_\_\_

**Section B: Family Household Information**

*(Note: if your parents are divorced, give information about the parent with whom you live most of the time. If this parent has remarried, also include stepparent information.)*

4. Number of family members \_\_\_\_\_  
*(Include yourself and your parents; include any dependents.)*

5. Number of college students in your family \_\_\_\_\_  
*(Of the number in the answer to question 4, write in the number of dependents who will be in college at least half-time. Do not include parents/guardian in this number.)*

**Section C: Family Income, Earnings and Benefits**

6. Please refer to your parent's most recent federal tax return and provide the amount represented as **total income** on the tax form \$ \_\_\_\_\_

7. If you are receiving a scholarship or other assistance from your school, please submit written confirmation of financial need from your school.

8. You may attach a statement which includes additional information you would like us to consider when assessing your scholarship request. Please be sure that your name appears on each page of your statement.

**This application *must reach* our office no later than March 31st at 5:00 PM. Please mail to the address at the top of this application. For more information, contact the Learning Center at (415) 209-2000 x 6161; or [learningcenter@buckinstitute.org](mailto:learningcenter@buckinstitute.org).**

**Please read and sign** – *Certification: All of the information provided on this form by me or any other person is complete to the best of my knowledge.*

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Student

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Legal Guardian 1/Relationship

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Legal Guardian 2/Relationship

Date Completed \_\_\_\_\_