



## SUMMER 2009 FINANCIAL AID APPLICATION FORM

To apply for a scholarship for a summer class at the Birch Aquarium at Scripps, please complete page one of this form and fax or mail it to the address given below. You will also need to obtain one recommendation. Please have the person making the recommendation fill out the second page and return it with your application.

### I. STUDENT APPLICANT INFORMATION:

Applicant's name: \_\_\_\_\_  
Last First Middle initial

Address: \_\_\_\_\_  
Number & Street City State Zip

Home telephone: \_\_\_\_\_ Grade level applicant will enter in Fall: \_\_\_\_\_

### II. CLASS FOR WHICH APPLICANT IS SEEKING FINANCIAL AID:

Class number and name: \_\_\_\_\_ Class fee: \_\_\_\_\_

Date(s): \_\_\_\_\_

### III. PARENT/GUARDIAN INFORMATION:

Name of parent(s) or guardian(s): \_\_\_\_\_

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

Mailing Address:  
(if different from student's) \_\_\_\_\_

Weekday daytime telephone: \_\_\_\_\_

Total number of people that parents/guardians are supporting this year (include parents and dependents in this count): \_\_\_\_\_

Total net income available for family support in 2008: \_\_\_\_\_

**Please include W2, pay stubs, or other information that will help us make a decision.**

Has this student ever previously received financial aid for a summer class from the Birch Aquarium?  
If so, list the amount of the scholarship and the year it was received: \_\_\_\_\_

All of the information on this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Please return completed form to:

Birch Aquarium at Scripps, UCSD  
9500 Gilman Drive #0207  
La Jolla, CA 92093-0207  
ATTN: Education Administrative Coordinator  
Telephone: (858) 534-8401 FAX: (858) 534-5610



**FINANCIAL AID RECOMMENDATION**  
**(Please send this letter with student's financial aid application)**

The student named below is applying for financial aid to cover the cost of enrollment in a summer enrichment class at the Birch Aquarium, Scripps Institution of Oceanography, UCSD. Your recommendation will be used only for consideration of their application for admission to our summer program and will not become part of official University records. To help us evaluate this student's request for financial aid, we would appreciate your answers to the questions below. Use additional paper as needed to fully explain your answers.

Applicant's name: \_\_\_\_\_

Name of person supplying recommendation: \_\_\_\_\_

Organization or affiliation: \_\_\_\_\_

Telephone number: \_\_\_\_\_

1. What is your relationship with the applicant? Please be specific in terms of length of time you have known the applicant and the nature of your work with him or her.

2. Why/how do you think the applicant will benefit from participation in this program?

3. Does the applicant have any physical, emotional or behavioral limitations that may affect his or her participation in this program?

( ) No      ( ) Yes (if yes, please explain)

4. Additional comments to support your recommendation:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*Note: Pursuant to recently enacted legislation, all letters of recommendation possessed by any unit of the University may be made available to the student directly affected, upon the student's written request.*