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**Directions:** Check your eligibility, then complete section A, B, or C based on your group's classification.

**Scholarship Eligibility Guidelines:**

- A minimum of 10 students is required for an educator-led program (Special Needs Groups has a lower minimum)
- It is **required** that you bring a ratio of **1 adult for every 5 children** for a visit to the museum
- Scholarship funds cannot be combined with any other discount offers, including CarMax \$1 Nights
- Applications must be submitted at least 3 weeks prior to your visit; All future visits must be booked 2 weeks in advance
- Only one application per grade level, per school is necessary. Submitted applications will remain active from Sept 2019 - Aug 2020

**A. Public Schools** (do not complete this section if you are Head Start/ VPI/ VPI+/FPP)

School Name: \_\_\_\_\_ Principal's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ School District: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_  
(Required to receive response)

Please check here if you wish to receive email updates from the Education Dept on programs and events.

Please consider asking for partial funds for your visit if you are able to secure funds elsewhere. This will help us to provide this opportunity to more students. Requesting:

Full Scholarship       Partial Scholarship

If full scholarships are not available, will you be able to participate on a partial scholarship?  Yes     No

Does the school qualify as Title I?  Yes     No      Percent of students who qualify for free/reduced lunch: \_\_\_\_\_%  
(F/R lunch % of whole school is public data)

**B. Head Start/ VPI/ VPI+/ FPP**

Program Name: \_\_\_\_\_ Regional Coordinator's Name: \_\_\_\_\_  
Location: \_\_\_\_\_ Street Address: \_\_\_\_\_  
(School/Building Name) School District: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Center Phone: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_  
(Required to receive response)

Please check here if you wish to receive email updates from the Education Dept on programs and events.

Please consider asking for partial funds for your visit if you are able to secure funds elsewhere. This will help us to provide this opportunity to more students. Requesting:

Full Scholarship       Partial Scholarship

If full scholarships are not available, will you be able to participate on a partial scholarship?  Yes     No

**C. Non-profit Organizations/ Private Schools/ Private Centers**

School/Organization Name: \_\_\_\_\_ Director's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Organization Phone: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_  
(Required to receive response)

Please check here if you wish to receive email updates from the Education Dept on programs and events.

Are you a 501c3 organization?  Yes  No (501c3 organizations must include a recent audited financial statement or IRS 9-90)

Do the children you serve attend Title 1 schools?  Yes  No

Percentage of children that qualify for subsidized childcare (if applicable): \_\_\_\_\_%

Does your organization receive financial support from the government?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your organization receive financial support from private or corporate donors and/or foundations?  Yes  No

Check one of the following choices:  My organization has its own method of transportation  
 My organization will hire transportation at a rate of \$\_\_\_\_\_ per child

Please consider asking for partial funds for your visit if you are able to secure funds elsewhere. This will help us to provide this opportunity to more students. Requesting:

Full Scholarship  Partial Scholarship

If full scholarships are not available, will you be able to participate on a partial scholarship?  Yes  No

**All Applicants**

**Please attach an official document with this application that serves as evidence of need.**

- **Schools** – Submit a signed statement on school letterhead that lists the percentage of children on free/reduced lunch services.
- **Non-Profit Organizations** – Submit an operating budget or relevant dept. budget and a recent audited financial statement (initial summarizing page only) or IRS 990.
- **Private Schools/Organizations** – Submit a full operating budget or relevant dept. budget.
- **Private Centers** – Submit an official statement of government assistance or letter of need.
- **Head Start/ VPI/ VPI+/ FPP** – Submit a signed statement from your regional coordinator that identifies your group's budget for field trips and maximum family income for student participation in program.

### Award Terms & Conditions

**Completion of this form DOES NOT constitute a confirmed reservation.** Museum visits must be scheduled through submission of an online Reservation Request Form. Upon entering any CMoR location, you hereby release all photos or video in which you may appear that may be taken during your visit to the Children's Museum of Richmond. The museum may use said photos for promotional materials, social media, impact reports, etc.

As outcome measurements are vital to fund these opportunities, we ask that you consider the following at the completion of your visit:

- A. Completion of teacher survey after your program
- B. Group thank you message to the sponsoring organization containing:  
Student/child quotes regarding facilitated lesson and/or Teacher commentary regarding facilitated lesson

### Signatures

I have read and understand the eligibility guidelines and award terms/conditions of this scholarship on behalf of the school/org. applying. I verify all information contained in the application and all supporting documents to be true and correct.

Applicant Signature: \_\_\_\_\_

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

Applicant Title: \_\_\_\_\_

Date: \_\_\_\_\_

Principal/Director/Coordinator Signature: \_\_\_\_\_

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

Applicant Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Scholarship Application Checklist

- Official document of evidence of need
  - Applicant signatures
  - Submission at least 3 weeks prior to visit
- Return to the Education Dept. by email, mail, or fax  
 Email: [education@c-mor.org](mailto:education@c-mor.org)  
 Mail: ATTN: Education Dept. 2626 West Broad St. Richmond, VA 23220  
 Fax: (804)474-7099

<b>CMoR Staff: Office-use only</b>		
Scholarship award: \$ _____/child	Awarded on: ____/____/____	Staff Initials: _____