

Children's Museum Scholarship Application 2021

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 January- August 2021

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
Mail: ATTN: Education Dept. 2626 West Broad St. Richmond, VA 23220
Fax: (804)474-7099

CMoR Staff: Office-use only

Scholarship award In- person/CM to Go: \$ ____/child Virtual Field Trip scholarship award: \$ ____/class

Awarded on: ____/____/____ Staff Initials: _____