



ANNUAL MEMBERSHIP SCHOLARSHIP APPLICATION

The Children’s Museum is pleased to offer Scholarship Annual Memberships to those families whose household income is less than \$35,000 per year (\$40,000 per year for Chesterfield County residents). The Scholarship Annual Membership is made possible through the generosity of friends who support the Children’s Museum Scholarship Fund.

The Children’s Museum Scholarship Annual Membership qualifications are determined by household income, not individual income. To apply for the Scholarship Annual Membership, at least one of the following documents is required from all members of the household who are 18 years of age or older and who cannot be claimed as dependents on your most recent tax return. Any documentation provided must be from the current tax year.

Qualifying Documents Include:

- The first page of your current tax return
- Second page of your SNAP benefits approval letter
- Verification form from approved partner indicating your scholarship eligibility

APPLICATIONS WITHOUT THE REQUIRED, SUPPORTING DOCUMENTATION WILL NOT BE PROCESSED

Please secure all information for application and return to the Children’s Museum of any Children’s Museum of Richmond location or emailed to membership@cmorva.org.

GENERAL INFORMATION

Adult Name:

Adult Name:

Full Address:

Phone:

Email:

Please list all of the children living in your household under the age of 18 who will be on your Annual Membership:

Name	Relationship	Date of Birth (mm/yy)

*If more than two children, please continue on an additional page.

**Named Additional Adult are not permitted with scholarship memberships.

How did you hear about the scholarship application?

Please contact Membership at Membership@cmorva.org with additional questions.

Signature: _____

Date: _____

This signature verifies you have read and understand the terms and guidelines set forth in this form, as well as your consent to provide copies of necessary documentation.

Children's Museum

Children's Museum of Richmond Partner Verification of Eligibility

I, _____ (name)
verify that

_____ (name of applicant)

meets the Children's Museum of Richmond scholarship membership
eligibility

criteria of household income below \$35,000/year (\$40,000/year for
Chesterfield County residents)

(signature)

(Organization Name and job title)

(date)