**Directions:** Check your eligibility, then complete the correct section (A, B, or C) based on your group’s classification.

**CMoR Staff: Office-use only**

Received:

Scholarship level:

Awarded on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HP:

School:

**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 meet a safety ratio of **1 adult for every 5 children** for any visit to the museum
  + Scholarship funds cannot be combined with any other discount offers
  + Applications must be submitted at least 3 weeks prior to your visit; All future visits must be booked 2 weeks in advance (subject to availability)

1. **Public Schools** (do not complete this section if you are Head Start or VPI)

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District: \_\_\_\_\_\_ \_\_

City/County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required to receive response)

Only one application is necessary for public school requests. Submitted applications will remain active for the 2022-2023 school year.

Does the school qualify as Title 1?  Yes [School-Wide or Targeted Assistance?]  No

**Percent of students who qualify for free/reduced lunch: \_\_\_\_\_\_\_\_%** (F/R lunch % of whole school is public data)

*Please consider asking for partial funds for your visit if you are able to secure funds elsewhere.*

*This will help us to provide discounted field trips to more students.*

**Requesting**:

 Full Scholarship-**$0/child** (typically awarded to schools with **85% or higher** free/reduced)

 Partial Scholarship-**$3/child** (typically awarded to schools with **62%-84%** free/reduced)

 Partial Scholarship- **$6/child** (typically awarded to schools with **40%-61%** free/reduced)

* + - *Each class can only attend 1 program at the quoted scholarship rate per school year.*

1. **Head Start/VPI/PDD**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coordinator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(School/Building Name)

Site Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required to receive response)

**Head Start/ VPI/PDD–** Submit a signed statement on letterhead from your regional coordinator that identifies the maximum family income for student participation in program and any additional evidence of need.

**Provide average percentage of the poverty threshold for all students included in the field trip request: \_\_\_\_\_\_\_\_ %**

*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-**$0/child** (typically awarded to schools serving families at **130%** of federal poverty level)

 Partial Scholarship-**$3/child** (typically awarded to schools serving families at **200%** of federal poverty level)

 Partial Scholarship- **$6/child** (typically awarded to schools serving families at **350%** of federal poverty level)

1. **Child Care Centers/Programs (nonprofit or private)**

School/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required to receive response)

Are you a 501c3 organization?  Yes  No

Does your organization have financial support from private or corporate donors and/or foundations for programming and field trips?

 Yes  No

**Percentage of children that qualify for subsidized childcare: \_\_\_\_\_\_\_\_ %**

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

* **Non-Profit Organizations –** Submit an explanatory letter of need providing objective data (subsidy/poverty level) on organization letterhead
* **Private Child Care Centers/Programs –** Submit an official statement of government assistance or letter of need showing % subsidy

*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-**$0/child** (Typically awarded to programs with 75% or more participating in subsidy)

 Partial Scholarship- **$3/child** (Typically awarded to programs with 50%-74% participating in subsidy)

 Partial Scholarship**-$6/child** (Typically awarded to programs with 25%-49% participating in subsidy)

**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.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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