

# CMoR Field Trip Scholarship Application 2022-23

**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)

## A. 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)

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)

Only one application is necessary for public school requests. Submitted applications will remain active for the 2022-2023 school year.  
▪ *Each class can only attend 1 program at the quoted scholarship rate per school year.*

## B. 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)

## C. 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: \_\_\_\_\_