



# ANNUAL MEMBERSHIP SCHOLARSHIP APPLICATION

The Children’s Museum is pleased to offer Scholarship Annual Memberships to those families whose household income is less than **\$43,150 per year or who qualify for Virginia SNAP benefits.** 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, EBT card, or WIC card
- Verification form from approved partner indicating your scholarship eligibility

**APPLICATIONS WITHOUT THE REQUIRED, SUPPORTING DOCUMENTATION WILL NOT BE PROCESSED**

Please secure all information with this application and return by fax (804) 474-7099 or to the front desk of any Children’s Museum of Richmond location to the attention of Ms. Candace Ross.

**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

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

\*Add-ons like the *Named Additional Adult* and *Guest Pass* are not permitted with scholarship memberships.

How did you hear about the scholarship application?

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Please contact Candace Ross at [cross@cmorva.org](mailto:cross@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 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 \$43,150/year

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Organization Name and job title)

\_\_\_\_\_  
(date)