CMoR Field Trip Scholarship Application 2026-27

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 :_____ Zip: _____

School Phone: _____

Applicant's Name: _____ Applicant's Email: _____
(Required to receive response)

Does the school qualify as Title I? ☐ 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** (85%+ free/reduced)
☐ Partial Scholarship-**$4/child** (62%-84% free/reduced)
☐ Partial Scholarship- **$8/child** (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)

School District:_____

City: _____ State: _____ Zip: _____
Center Phone: _____

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** (130% of federal poverty level)
☐ Partial Scholarship-**$4/child** (200% of federal poverty level)
☐ Partial Scholarship- **$8/child** (350% of federal poverty level)

If full scholarships are not available, will you be able to participate on a partial scholarship? ☐ Yes ☐ No

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

Percentage of children that qualify for subsidized childcare: _____ %

Please attach an official document with this application that serves as <u>evidence of need.</u>

- **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

Does your organization have financial support from private or corporate donors and/or foundations for programming and field trips?
☐ Yes ☐ No

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** (75%+ participating in subsidy)
☐ Partial Scholarship- **$4/child** (50%-74% participating in subsidy)
☐ Partial Scholarship-**$8/child** (25%-49% participating in subsidy)

Award Terms & Conditions

<u>Completion of this form DOES NOT constitute a confirmed reservation.</u> 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: _____

Applicant Title: _____ Date: _____