



## 2019 ExpERIENCE Children's Museum Summer Camp Scholarship Application

### Guidelines for 2019 Summer Scholarship Application

Return this form, along with any additional forms of verification requested to the ExpERIENCE Children's Museum.

This form does not guarantee reservation for a summer camp – a total of 15 full summer camp scholarships will be awarded.

ACCTUAL CAMP VALUE - \$175.00

**Requirements:**

- Include application.
- Include a copy of child's birth certificate.
- Include one paystub per parent.
- Include any applicable additional proof of income information as indicated on page 2.
- Include a short paragraph explaining your desire to receive summer camp assistance.
- I verify that the camp participant and at least one parent/guardian is a full time, year-round resident of Erie County.
- I verify that my annual household income does not exceed numbers as indicated by the chart below.

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN HOUSEHOLD	POVERTY GUIDELINE
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

FOR HOUSEHOLDS WITH MORE THAN 8 PERSONS, ADD \$4,420 FOR EACH ADDITIONAL PERSON.  
<https://aspe.hhs.gov/poverty-guidelines>

### Disclaimer

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Administrative Purposes Below This Line – Continue to Back

Date filed: \_\_\_\_\_

Notes: \_\_\_\_\_

Rubric:	<b>COMPLETENESS</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<b>QUALIFICATIONS</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<b>NARRATIVE</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<b>OVERALL</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<b>TOTAL</b>			<b>/12</b>

## General Participant Information

Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Birth Date: (month/day/year) Must be 5 no later than June 1. Must not turn 11 before August 31. / /	Camp choice: Please indicate choice using # 1-6.		
	<b>Week 1:</b> June 17-21 <i>Passport to Play</i> <input type="checkbox"/>	<b>Week 2:</b> June 24-28 <i>Rockets and Rovers</i> <input type="checkbox"/>	<b>Week 3:</b> July 8-12 <i>Aspiring Artists</i> <input type="checkbox"/>
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Week 4:</b> July 15-19 <i>Environmental Explorers</i> <input type="checkbox"/>	<b>Week 5:</b> July 22-26 <i>Kids Cookoff</i> <input type="checkbox"/>	<b>Week 6:</b> August 5-9 <i>Escape Room</i> <input type="checkbox"/>

## Parent Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Household Information

Total household size:	# of adults:	# of children:
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## Income Information

Mother's Occupation:	Employment Information: (Name, Address, and Phone Number)	Mother's Annual Income:	*Please provide your last paystub with application.
Father's Occupation:	Employment Information: (Name, Address, and Phone Number)	Father's Annual Income:	*Please provide your last paystub with application.
Do you receive:	Medicaid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Free or Reduced Lunch <input type="checkbox"/>	In the amount of:	*Please provide 1 form of verification with application.
Any addtl income:	Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/>	In the amount of:	*Please provide 1 form of verification with application.