



2020 ExpERIENCE Children's Museum Summer Camp Scholarship Application

Guidelines for 2020 Summer Scholarship Application

Requirements (please check):

- Completed application – must be returned to the ExpERIENCE Children's Museum by May 31, 2020.
- I verify that the camp participant and at least one parent/caregiver is a full time, year-round resident of Erie County.
- I verify that my child is between 5 and 10 years of age.
- I verify that my annual household income does not exceed numbers as indicated by the chart below.

PERSONS IN HOUSEHOLD	YEARLY INCOME
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

Participant Information

Child's Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Age (check one): <input checked="" type="checkbox"/>	Date preference (check all that you could attend): <input checked="" type="checkbox"/>		
<input type="checkbox"/> 5 years <input type="checkbox"/> 8 years <input type="checkbox"/> 6 years <input type="checkbox"/> 9 years <input type="checkbox"/> 7 years <input type="checkbox"/> 10 years	Week 1: June 22-26 <input type="checkbox"/>	Week 2: June 29-July 3 <input type="checkbox"/>	Week 3: July 6-10 <input type="checkbox"/>
Gender (check one): <input checked="" type="checkbox"/>	Week 4: July 13-17 <input type="checkbox"/>	Week 5: July 20-23 <input type="checkbox"/>	Week 6: August 3-7 <input type="checkbox"/>
<input type="checkbox"/> Female <input type="checkbox"/> Male			

(PLEASE CONTINUE ON BACK)

Parent/Caregiver Information

Parent's Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email _____

Income Information

Parent/Caregiver 1 Occupation:	Employment Information: (Name, Address, and Phone Number)
Parent/Caregiver 2 Occupation:	Employment Information: (Name, Address, and Phone Number)
Do you receive: (check all that apply): √	Medicaid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Disability <input type="checkbox"/> Social Security <input type="checkbox"/>

Request

Please share a few words about your child and how he/she would benefit from an ExpERIENCE Children's Museum summer camp opportunity.

Disclaimer

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

Signature: _____ Date: _____

(Completed applications may be returned via U.S. mail or in person to 420 French St. Erie, PA 16507 or via e-mail to ashley@eriechildrensmuseum.org)