2020 ExpERIEnce Children’s Museum Summer Camp Scholarship Application

Guidelines for 2020 Summer Scholarship Application

Requirements (please check): ✓

- 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.

<table>
<thead>
<tr>
<th>PERSONS IN HOUSEHOLD</th>
<th>YEARLY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490</td>
</tr>
<tr>
<td>2</td>
<td>$16,910</td>
</tr>
<tr>
<td>3</td>
<td>$21,330</td>
</tr>
<tr>
<td>4</td>
<td>$25,750</td>
</tr>
<tr>
<td>5</td>
<td>$30,170</td>
</tr>
<tr>
<td>6</td>
<td>$34,590</td>
</tr>
<tr>
<td>7</td>
<td>$39,010</td>
</tr>
<tr>
<td>8</td>
<td>$43,430</td>
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</tbody>
</table>

Participant Information

Child’s Full Name: ____________________________

Last ____________________________ First ____________________________ M.I. ____________________________

Age (check one): ✓

- 5 years □ 7 years □
- 8 years □ 9 years □
- 10 years □

Gender (check one): ✓

- Female □ Male □

Date preference (check all that you could attend): ✓

- Week 1: June 22-26
- Week 2: June 29-July 3
- Week 3: July 6-10
- Week 4: July 13-17
- Week 5: July 20-23
- Week 6: August 3-7

(Please continue on back)
Parent/Caregiver Information
Parent’s Full Name: 

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
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Address: 

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apartment/Unit #</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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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 ☐
- Food Stamps ☐
- Free/Reduced Lunch ☐
- Child Support ☐
- Alimony ☐
- Disability ☐
- Social Security ☐

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)