2024 ExpERIEnce Children’s Museum Summer Camp Scholarship Application

Guidelines for 2024 Summer Scholarship Application

Requirements (please check): √

- Completed application – must be returned to the ExpERIEnce Children’s Museum by May 31, 2024.
- 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 4-6, 7-10, or 11-13 years of age.
- I verify that my annual household income does not exceed numbers as indicated by the FPL chart below.

### PERNS IN HOUSEHOLD | YEARLY INCOME
--- | ---
1 | $15,060
2 | $20,440
3 | $25,820
4 | $31,200
5 | $36,580
6 | $41,960
7 | $47,340
8 | $52,720
Each Additional | $+5,380

<table>
<thead>
<tr>
<th>PERSONS IN HOUSEHOLD</th>
<th>YEARLY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$15,060</td>
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<td>$52,720</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$+5,380</td>
</tr>
</tbody>
</table>

### Participant Information

<table>
<thead>
<tr>
<th>Child’s Full Name:</th>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (check one):</td>
<td>□ 4 years □ 9 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date preference (check all that you could attend):</td>
<td>□ 4-6 Years</td>
<td>□ 7-10 Years</td>
<td>□ 11-13 Years</td>
</tr>
<tr>
<td>4-6 Years</td>
<td>June 17 – 21 □ July 8 – 12 □</td>
<td>June 17 – 21 □ July 15 – 19 □</td>
<td>June 24 – 28 □ July 8 – 12 □</td>
</tr>
<tr>
<td>6 years □ 11 years</td>
<td>July 22 – 26 □ August 5 – 9 □</td>
<td>July 22 – 26 □ August 5 – 9 □</td>
<td>August 12 – 16 □</td>
</tr>
<tr>
<td>7 years □ 12 years</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8 years □ 13 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (check one):</td>
<td>□ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Male</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Please continue on back)
**Parent/Caregiver Information**

Race/Ethnicity (check all that apply):  
- American Indian/Alaska Native  
- Asian  
- Black/African American  
- Hispanic/Latino  
- White  
- Native Hawaiian/Other Pacific Islander

New American (check one):   
- Yes  
- No

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  
- 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)