

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.

PERSONS 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

Participant Information

Child's Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Age (check one): ✓ <input type="checkbox"/> 4 years <input type="checkbox"/> 9 years	Date preference (check all that you could attend): ✓		
<input type="checkbox"/> 5 years <input type="checkbox"/> 10 years	4-6 Years June 17 – 21 <input type="checkbox"/> July 8 – 12 <input type="checkbox"/> July 22 – 26 <input type="checkbox"/> August 5 – 9 <input type="checkbox"/>	7-10 Years June 17 – 21 <input type="checkbox"/> July 15 – 19 <input type="checkbox"/> July 22 – 26 <input type="checkbox"/> August 5 – 9 <input type="checkbox"/>	11-13 Years June 24 – 28 <input type="checkbox"/> July 8 – 12 <input type="checkbox"/> August 12 – 16 <input type="checkbox"/>
<input type="checkbox"/> 6 years <input type="checkbox"/> 11 years			
<input type="checkbox"/> 7 years <input type="checkbox"/> 12 years			
<input type="checkbox"/> 8 years <input type="checkbox"/> 13 years			
Gender (check one): ✓ <input type="checkbox"/> Female <input type="checkbox"/> Male			

(PLEASE CONTINUE ON BACK)

Parent/Caregiver Information

Race/Ethnicity (check all that apply): √	American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/>
New American (check one): √	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 ExpERIEence 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)