Scholarship/Financial Aid Form (one form per child/teen)

Thank you for your interest! Please fill out this form and we will get in touch with you shortly.

1. **Name of Child/Teen:** ________________________________ Gender: Male  or  Female
   Birthdate: ___________ Age when child/teen starts camp:_____ School grade in Fall:______
   School Name: ___________________________________________ T-Shirt Size: __________

2. **Name of Parent(s) or Legal Guardian(s):** _______________________________
   Address: ________________________________ City: _______________________ Zip: _____________
   Phone Number: ________________________________
   Best Time to call? ________________________________
   Email: ___________________________________________

   Please describe your circumstances which would qualify your child/teen for a scholarship:
   __________________________________________________
   __________________________________________________
   __________________________________________________

3. **Does your child/teen qualify for the free and/or reduced lunch program at their school?**
   Yes  No

4. **Monthly Household Income from ALL sources:**
   - Gross
   - Net
   **Earnings (Salary, Wages, Commissions, etc.)**
     _________  _________
   **Agency Subsidy (Welfare, Social Security, etc.)**
     _________  _________
   **Other (Alimony, Child Support, etc.)**
     _________  _________
   **TOTAL:**
     _________  _________

5. **In order to make more scholarships available, we ask that you consider a partial scholarship. What percentage of scholarship are you requesting? (Please circle below):**
   - I request a 50% scholarship
   - I request a full scholarship
   - ($175 Registration Fee)
   - ($0 Registration Fee)
6. Are there any special circumstances that you feel we should be aware of in determining financial assistance?

______________________________________________________________________________________________________________________________________________

7. Please provide information about your child/teen (interests, academic or community achievements, etc.)

______________________________________________________________________________________________________________________________________________

8. Why do you want your child/teen to attend our camp?

______________________________________________________________________________________________________________________________________________

9. Why does your child/teen wish to attend our camp?

______________________________________________________________________________________________________________________________________________

10. How did you find out about Museo’s Summer Program?

______________________________________________________________________________________________________________________________________________

Scholarship applications must be completed and postmarked by: **May 22, 2020**. Applications postmarked after the deadline will not be reviewed. Applicants will be notified via email once the application has been received.

- Applicants will be notified by email by **June 1, 2020** if they have received the scholarship.
- The applicant and their guardian must sign and return the acceptance form via email by **June 5, 2020**. If the deadline is not met, your scholarship award will be forfeited.