



Date received: _____
 New or Renewal: _____
 Scholarship Type: _____
 Full or Partial %: _____
 Application Exp: _____
 Doc. received by: _____

KidZone Museum Scholarship Application

Applicants Name: _____

Scholarship requests will not be received by the KidZone Museum if they do not include ALL of the following:

_____ (initials) I submit the COMPLETE AND SIGNED scholarship application

_____ (initials) I submit an Annual Admission Form and Claim Waiver

_____ (initials) I understand that the scholarship application is valid for 12 months

_____ (initials) I UNDERSTAND THAT IF THE APPLICATION IS APPROVED FOR A CAMP & MY CHILD DOES'NT ATTEND EVERY DAY OF CAMP THE FAMILY CAN NOT APPLY FOR CAMP SCHOLARSHIPS IN THE FUTURE.

_____ (initials) I submit 1 of the following proof of hardship included with the application

- Most recent Federal Tax Return
- (2) Most recent & consecutive pay check stubs
- (2) Most recent & consecutive unemployment stubs
- Cal Fresh stubs
- Truckee Healthy Babies Referral letter
- State Preschool Referral letter
- Family Resource Center Referral letter
- Other proof of hardship _____

=====OFFICE USE ONLY=====

Application Status:

Applicant submitted the following documents:

Purple Card Given _____
 Entered in DB as Outreach/Scholarship _____
 Email add to Volunteer Tabs (Current & Sch) _____
 Scholarship member email _____
 Added to Member Binder _____
 Referral Letter Filed _____
 Filed Waiver _____

Proof of Hardship Provided: _____

Scholarship approved by: _____ Full _____ Partial % _____ Payed \$ _____

KidZone Museum Membership Scholarship Application

11711 Donner Pass Rd. Truckee CA 96161 Telephone 530.587.5437

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ County: _____ Number of People in Household: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Marital Status (Married, Single, Divorced)

Parent #1 Gross Salary: \$ _____ Hour / Weekly / Monthly – Employer: _____

Parent #2 Gross Salary: \$ _____ Hour / Weekly / Monthly – Employer: _____

Unemployment income per month: \$ _____ SSI per month: \$ _____

Social Security per month: \$ _____ Child Support, Alimony, Misc. Income per month: \$ _____

✓ Dependent child(ren) qualifies for: Free lunch program Reduced lunch program

✓ Family receives financial aid from state or local charitable organizations: __ YES __ NO

If YES, list agencies aid received from:

Please explain the reason why you are applying for a scholarship membership:

Please list all your children including infants, children and adolescents:

Name	Male/Female	Birthdate	Age
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____
_____	_____	____/____/____	____

Have you applied for a scholarship in the past? __ YES __ NO If so when? _____

Did you receive the scholarship? __ YES __ NO

If full scholarships are not available, will your family be able to purchase a discounted membership with help of partial scholarship? __ YES __ NO

How did you hear about the KidZone: _____

How did you hear about our scholarship program: _____

I certify that all information on this form is correct & true. By signing this application, I agree to promptly report changes in the above information. I agree that if a scholarship is granted, my information will be used for volunteer opportunities notifications, during the length of my membership. I understand that my scholarship will last the period of my membership. The review of this application will take 10 business days from submittal date.

Print Name: _____ Signature: _____

Date: ____/____/____