



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: ____/____/____



CAMP NAME: _____
Date Received: ____/____/____
Date Expires: ____/____/____
Doc. received by: _____

KidZone Museum Camp Scholarship Request Form

Child's Name: _____

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

_____ (initials) I have a COMPLETED, SIGNED & APPROVED scholarship application on file

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

_____ (initials) I have completed the Scholarship Camp Request.

_____ (initials) I UNDERSTAND THAT IF THE CAMP SCHOLARSHIP REQUEST IS APPROVED & MY CHILD DOESN'T ATTEND EVERY DAY OF CAMP THE FAMILY CAN NOT APPLY FOR CAMP SCHOLARSHIPS IN THE FUTURE.

=====STAFF USE ONLY=====

Application Status:

Approved Scholarship Application On File: _____

Full or Partial Scholarship Application on File: _____

Scholarship Application's Proof of Hardship: _____

Scholarship Application Expiration Date: _____

Active Coupon Code Sent to Member: _____

Active Registration completed: _____

Scholarship Camp Request Approved by: _____

Full ____ Partial % ____

KidZone Museum Camp Scholarship Request Form

CAMPER'S INFORMATION

Child's Name: _____

Child's DOB: _____ Child's Age: _____ Male ___/Female ___

Does your child have any special interest like science, math, art, building, electronics or any other?

Does your child have any special needs or disabilities? If so, what are they?

Does your child have any medical conditions? If so, what are they?

CAMP INFORMATION

Camp Name: _____

Camp Dates: _____

Camp Times: _____

Camp Location: _____