# CMoR Field Trip Scholarship Application 2024-25

**Directions:** Check your eligibility, then complete the correct section (A, B, or C) based on your group's classification.

**Scholarship Eligibility Guidelines:**

- A minimum of 10 students is required for an educator-led program (Special Needs Groups has a lower minimum)
- It is **required** that you meet a safety ratio of **1 adult for every 5 children** for any visit to the museum
- Scholarship funds cannot be combined with any other discount offers
- Applications must be submitted at least 3 weeks prior to your visit; All future visits must be booked 2 weeks in advance (subject to availability)

> **CMoR Staff: Office-use only**
> Received:
> Scholarship level:
> Awarded on:
> _____/_____/_____
> HP:
> School:

## A. Public Schools (do not complete this section if you are Head Start or VPI)

School Name: _____     Principal's Name:_____

Street Address: _____     School District:_____

City: _____     County :_____     Zip: _____

School Phone: _____

Applicant's Name: _____     Applicant's Email: _____
                                                                                (Required to receive response)

Does the school qualify as Title I?   ☐ Yes  [School-Wide or Targeted Assistance?]     ☐ No
**Percent of students who qualify for free/reduced lunch:   _____ % (F/R lunch % of whole school is public data)**

*Please consider asking for partial funds for your visit if you are able to secure funds elsewhere. This will help us to provide discounted field trips to more students.* Requesting:

☐  Full Scholarship-**$0/child** (85%+ free/reduced)
☐  Partial Scholarship-**$3/child** (62%-84% free/reduced)
☐  Partial Scholarship- **$6/child** (40%-61% free/reduced)

Only one application is necessary for public school requests. Submitted applications will remain active for the 2022-2023 school year.

- *Each class can only attend 1 program at the quoted scholarship rate per school year*

## B. Head Start/VPI/PDD

Program Name: _____     Coordinator's Name: _____

Location: _____     Street Address: _____
          (School/Building Name)
                                                   School District:_____

City: _____ State: _____     Zip: _____
Center Phone: _____

Applicant's Name: _____     Applicant's Email: _____
                                                                                (Required to receive response)

- **Head Start/ VPI/PDD–** Submit a signed statement on letterhead from your regional coordinator that identifies the <u>maximum family income for student participation in program</u> and any additional evidence of need.

**Provide average percentage of the poverty threshold for all students included in the field trip request: _____ %**

*Please consider asking for partial funds for your visit if you are able to secure funds elsewhere. This will help us to provide this opportunity to more students*. Requesting:

☐ Full Scholarship-**$0/child** (130% of federal poverty level)
☐ Partial Scholarship-**$3/child** (200% of federal poverty level)
☐ Partial Scholarship- **$6/child** (350% of federal poverty level)

If full scholarships are not available, will you be able to participate on a partial scholarship?   ☐ Yes     ☐ No

## C.  Child Care Centers/Programs (nonprofit or private)

School/Organization Name: _____     Director's Name: _____

Street Address: _____     City: _____

County: _____     State: _____     Zip: _____

Organization Phone: _____

Applicant's Name: _____     Applicant's Email: _____
     (Required to receive response)

Are you a 501c3 organization?   ☐ Yes     ☐ No

**Percentage of children that qualify for subsidized childcare: _____ %**

## Please attach an official document with this application that serves as <u>evidence of need.</u>

- **Non-Profit Organizations –** Submit an explanatory letter of need providing objective data (subsidy/poverty level) on organization letterhead
- **Private Child Care Centers/Programs –** Submit an official statement of government assistance or letter of need showing % subsidy

Does your organization have financial support from private or corporate donors and/or foundations for programming and field trips?
☐ Yes   ☐ No

*Please consider asking for partial funds for your visit if you are able to secure funds elsewhere. This will help us to provide this opportunity to more students*. Requesting:

☐ Full Scholarship-**$0/child** (75%+ participating in subsidy)
☐ Partial Scholarship- **$3/child** (50%-74% participating in subsidy)
☐ Partial Scholarship-**$6/child** (25%-49% participating in subsidy)

## Award Terms & Conditions

<u>**Completion of this form DOES NOT constitute a confirmed reservation.**</u> Museum visits must be scheduled through submission of an online Reservation Request Form.

## Signatures

I have read and understand the eligibility guidelines and award terms/conditions of this scholarship on behalf of the school/org. applying. I verify all information contained in the application and all supporting documents to be true and correct.

Applicant Signature: _____     Printed Name: _____

Applicant Title: _____     Date: _____

Principal/Director/Coordinator Signature: _____     Printed Name: _____

Applicant Title: _____     Date: _____