

Applicant Information:

Today's Date: _____

Group Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Email: _____

Request:

Group Size (# Kids/ # Adults): _____ Group Ages: _____

Preferred Field Trip Date/Time: _____

If full scholarships are not available, will you be able to participate on a partial scholarship (\$4 per student)?

Yes No

Field Trip Type: Independent Exploration

Financial information:

Is this a Head Start program? Yes No

Percentage of children in program that qualify for free or reduced lunch: _____

Percentage of children in program that qualify for subsidized child care: _____

Does your organization receive financial support from the government? Yes No

If yes, please describe: _____

Please describe why field trip fees are a barrier to your group.

Name of person completing form: _____

Mail form to: KidsQuest Children's Museum, 1116 108th Ave NE, Bellevue, WA 98004

OR email form to: madeline@kidsquestmuseum.org

Scholarship applications are reviewed once a month. Please wait at least 4-5 weeks before checking in on scholarship status.