

**Applicant Information**

Today's Date: \_\_\_\_\_

Applicant : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_

Number of Children in Household: \_\_\_\_\_

**All sections must  
be completed to  
be considered.**

**List every person you want covered on the membership (Adults and Children):**

Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Can your family afford a discounted membership of \$25?  Yes  No

**Financial Information**

**Please mark where your family receives support from:**

- CHIP (Children's Health Insurance Plan)
- Food Stamps (EBT Card)
- Foster Care
- Free and Reduced School Lunch
- Low-Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- Section 8 Housing Voucher Program in Washington
- TANF (Temporary Assistance For Needy Families)
- WIC (Women Infants and Children)
- Other Please list: \_\_\_\_\_

*Note: KidsQuest Children's Museum may request copies of all financial information or verification of support from the above agencies.*

**-Please Complete Both Sides of Application-**



# Membership Scholarship Application

**Yearly Household Income, before taxes** (include all sources of income): \_\_\_\_\_

**Applications must have an annual income to be considered.**

Parent/Guardian #1 employed:

Full-time    Part-time    Not Employed

Employer: \_\_\_\_\_

Parent/Guardian #2 employed:

Full-time    Part-time    Not Employed

Employer: \_\_\_\_\_

**If an adult is not employed please explain circumstances:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there special circumstances we should take into account?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you received a KidsQuest scholarship before? Explain how it benefited your family:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail form to:** KidsQuest Children's Museum  
Attn: Kristine Haroldson  
1116 108<sup>th</sup> Ave NE  
Bellevue, WA 98004

**OR email form to:** [kristine@kidsquestmuseum.org](mailto:kristine@kidsquestmuseum.org)

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