

Applicant Information

Today's Date: _____

Parent/Guardian #1: _____

Child: _____ Birthday: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

E-mail: _____

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

Class or Workshop: _____

Class Date: _____

If full scholarships are not available, will your child be able to participate on a partial scholarship?

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.

**To be considered
annual income
must be listed.**

Yearly Household Income, before taxes (include all sources of income): _____

Parent/Guardian #1 employed:

Full-time Part-time Not Employed

Employer: _____

Parent/Guardian #2 employed:

Full-time Part-time Not Employed

Employer: _____

If a parent is not employed please explain circumstances:

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

Are there special circumstances we should take into account?

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

Name of person completing form: _____

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

OR email form to: membership@kidsquestmuseum.org

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