



SCHOLARSHIP PROGRAM

The Terre Haute Children’s Museum Scholarship Program was created to give children the opportunity to participate in the Museum’s educational programs, regardless of financial circumstances.

- Full and partial scholarships may be awarded to students on the basis of financial need and desire to participate. Financial need must be demonstrated as indicated on the scholarship application.
- Scholarships are limited and will be awarded to eligible students on the basis of space availability.
- To be considered for a scholarship, a reference must be provided. A reference is someone who thinks the student would benefit from participation in a program and has awareness of the family’s financial status. A sponsor may be a teacher, counselor, religious leader, youth worker, community professional or social worker. A family member may not sponsor a student. *(NOTE: The sponsor is not responsible for any fees or costs associated with the program.)*
- Scholarship applications must be received at least two weeks before the program begins for a student to be considered.

Be sure to fill out the scholarship application completely. Incomplete applications will not be processed.

Mail, fax, or email the completed scholarship application to:

Terre Haute Children’s Museum, 727 Wabash Ave., Terre Haute, IN 47807 • Fax: (812)238-1680 • rhenry@terrehautechildrensmuseum.com

STUDENT INFORMATION

Student Name _____ Birth Date _____

School _____ Grade _____

Which camp is the student interested in attending? _____

I have completed and included the application for this program with this scholarship application or have submitted it online.

TO BE COMPLETED BY A SPONSOR (teacher, counselor, religious leader, youth worker, community or social worker)

Sponsor Name _____

Email Address: _____ Phone _____

Organization _____ Relationship to the student _____

How will the student benefit from participating in this program at this point in his/her school life? (Attach an additional page if more space is needed.) _____

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Sponsor Name _____ Date _____

TO BE COMPLETED BY A PARENT OR GUARDIAN

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address: _____ Phone _____

Number of adults in the household _____

Number of children under 18 years in the household _____

If you receive any of the following forms of assistance please indicate which you receive.

- WIC School Lunch Program Medicaid or Medicare
 SSI Food Stamps

Total Annual Household Income

- Under \$10,000 \$25,000–\$29,999
 \$10,000–\$14,999 \$30,000–\$34,999
 \$15,000–\$19,999 Over \$35,000
 \$20,000–\$24,999 If over \$35,000, indicate amount of income _____

Please indicate any special circumstances that influence your family’s financial situation. (Please attach an additional page if more space is needed.) _____

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Name _____ Date _____

STAFF USE ONLY

Date received _____ New Student Returning Student

Scholarship Granted: Yes No If granted, type of scholarship: Full Partial Scholarship Amount _____

Notes on decision-making process _____

Date Notified _____ Scholarship Accepted Yes No

Notes on notification conversation _____
