

Mobius Children's Museum
Scholarship Program
Group Visit Application



Group & Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

I am requesting a:

Partial Scholarship Group Visit: I can contribute \$_____ Full Scholarship

Total number of children _____ # of boys _____ # of girls _____ # of chaperones _____ Grade _____

Preferred date and time of visit: _____

Group Scholarship Program Guidelines

The Scholarship Program is available to groups who qualify for at least one of the following:

- Children attending learning centers, schools, or classrooms in which 50% of the population receive free or reduced lunch.
- Children attending daycare centers that receive State funding for at least 50% of their children.
- Children attending any Federal Even Start, Head Start/ECEAP, and Early Head Start Programs.
- Children identified by those social service agencies that assist families who are economically disadvantaged or considered at-risk.

Please answer the following questions:

1) Does your organization or school receive special funding (Head Start, Title I, etc.)? Y N

2) What percentage of your students qualifies for free or reduced lunch? _____

3) What is your funding per child for recreation and field trips each year? _____

5) What percentage of the following categories best describes the ethnicity of your group: **(Optional)**

_____Caucasian _____Hispanic/Latino _____African American _____Native American _____Asian/Other

This information will be kept confidential. However, we may publish or share demographic information to apply and qualify for grants and other funding sources.

Group Visits

Group visits are designed for groups with 10 or more children and their adult chaperones. Group visits are scheduled for 90 minutes and require 1 adult chaperone for every 4 children. All group visits MUST be scheduled in advance and approval of your requested date and time is based on availability. A confirmation letter with your approved time and date will be mailed to the contact and address submitted on the application.

- **NOTE: One adult chaperone is required for every four children, these adults are free. Any additional adult chaperones and all siblings over the age of 12 months will be \$5.00 each.**

Please submit application to:

Email - info@mobiuspokane.org or by Mail - Mobius Children's Museum Attn: Admissions Desk, 808 W. Main Ave LL015, Spokane, WA. 99201. For additional information or to schedule a group visit call 509-321-7121.