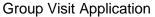
## Mobius Science Center Scholarship Program





Address:			_
City:	State:	Zip Code:	_
Phone:	E-mail:		_
l am requesting a:			
Partial Scholarship Group Vis	it: We can contribute \$	Full Scholarship	
Total number of children	# of boys # of girls	# of chaperones	_ Grade
Preferred date and time of visit:			_
<ul><li>reduced lunch.</li><li>Children attending daycare</li><li>Children attending any Fed</li></ul>	centers, schools, or classrooms centers that receive State fundir leral Even Start, Head Start/ECE esocial service agencies that ass	ng for at least 50% of their ch AP, and Early Head Start Pr	nildren. ograms.
1) Does your organization or school	ol receive special funding (Head S	Start, Title I, etc.)?	□N
2) What percentage of your studen	ts qualifies for free or reduced lur	nch?	
3) What is your funding per child fo	r recreation and field trips each y	ear?	
5) What percentage of the following	g categories best describes the e	thnicity of your group: (Optio	nal)
CaucasianHispanic/L This information will be kept confidential and other funding sources.	atinoAfrican American _ al. However, we may publish or share		

## **Group Visits**

Group & Contact Name:

Group visits are designed for groups with 10 or more children and their adult chaperones. Group visits are scheduled for 2 hours and require 1 adult chaperone for every 7 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@mobiusspokane.org or by Mail -** Mobius Science Center Attn: Admissions Desk, 808 W. Main Ave LL015, Spokane, WA. 99201. For additional information call 509-321-7133.