

Mobius Science Center  
Scholarship Program  
Group Visit Application



Group & Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**I am requesting a:**

Partial Scholarship Group Visit: We 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 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@mobiuspokane.org](mailto:info@mobiuspokane.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.