

Scholarship Application



The Spirit of Leonardo's Children's Museum

Leonardo's Children's Museum is a non-profit organization that exists to enrich and inspire children and families by creating fun learning opportunities. For 30 years this organization has helped raise a generation of students focusing on STEAM principles of education. STEAM stands for Science, Technology, Engineering, Art, & Mathematics. Annually a fundraiser is held to maintain the scholarship fund within the annual budget. Generous donors make the scholarship program possible.

Everyone is Welcome at this Museum

This children's museum welcomes all who want to participate in our activities and visit our exhibits. No one will be denied access if certain safety standards are met. Every adult (16 years of age or over) must be with a child to be in the museum, and every child must always have an adult supervising them while they are at Leonardo's. The Code of Conduct must be followed while attending any museum activities. Via the scholarship program no one will be denied admission given these individuals meet the scholarship requirements and provide a complete application with ALL materials requested.

For Your Information

- Application is required annually.
- Income documentation is required annually.
- The 1st year of scholarship benefit is different than the subsequent years.
- First year qualified applicants receive Full Scholarships.
- Subsequent years qualified applicants receive Half Scholarships.
 - Full scholarship-membership is the full membership fee waived the 1st yr. (must pay tax)
 - Full scholarship-day camp tuition is 2 weeks tuition waived the 1st yr.
 - Full scholarship-programs and classes is class fees waived the 1st yr.
 - Half scholarship-membership is provided 50% off for subsequent years. (must pay tax)
 - Half scholarship-day camp tuition is 50% off tuition for 2 weeks for subsequent years.
 - Half scholarship-program/class is 50% off fees on subsequent years.
- Prices are subject to change when you reapply.
- If you do not reapply (with all required materials) in a timely manner, your membership will expire one year from purchase/scholarship award.
- If a scholarship is awarded, you will be contacted by the Business Office Manager, be sure there is correct contact information on the application.
- State of OK HUD Income Guidelines are reference point for income limits as well as discretion of the Executive Director.
- A dependent is defined as those listed on tax documents.
- If requesting scholarship for dependents, please list each of them on the application. Support materials for each dependent is required.
- If you do not have a current tax return, please call the IRS at 1-800-829-1040 for a free copy of your 1040 stating gross income and verification of dependents.



200 East Maple
Enid, OK 73701
(580)233-ARTS

Application Checklist

- _____ Application - fully completed (no questions left blank)
- _____ Last 2 paystubs
- _____ Most recent IRS tax return
- _____ Proof of dependent verification:
 - _____ birth certificate OR
 - _____ tax forms OR
 - _____ social security card
- _____ Public assistance verification
 - _____ SNAP (food stamps)
 - _____ Housing Assistance
 - _____ TANF (Temporary Assistance for Needy Families)
 - _____ SSI (Supplemental Security Income/Disability)
 - _____ AID to disabled
 - _____ Social Security/Annuity/Retirement Income

If Student:

- _____ Class Schedule
- _____ Evidence of Financial Aid

_____ I have provided all applicable information and reviewed/completed my scholarship application.

_____ I certify that all of the information provided is true and complete to the best of my knowledge.

Signature _____ Date _____

SIX Step Scholarship Application

1. My Family's Story

Please write a brief statement how this scholarship would benefit you. If more space is needed attach another page to this application.

4. I Am Applying For

Yearly Museum Membership _____
 1st Yr: ___ 2nd Yr: ___ 3rd Yr: ___ 4+yrs: ___

Day Camp Scholarship _____
 1st Yr: ___ 2nd Yr: ___ 3rd Yr: ___ 4+yrs: ___

Program/Classes Scholarship _____
 1st Yr: ___ 2nd Yr: ___ 3rd Yr: ___ 4+yrs: ___

2. Applicant Information

Parent/Caregiver (#1) _____
 Date of Birth _____
 Address _____
 City _____ State ___ Zip _____
 Primary Phone _____
 Secondary Phone _____
 Primary Email _____
 Current Employer _____
 Length of Employment _____
 Hours Worked per week _____

5. Provide Proof of Monthly Income

All income must have proof/verification attached.

Gross Wages #1 \$ _____ #2 \$ _____
 Unemployment #1 \$ _____ #2 \$ _____
 Social Security #1 \$ _____ #2 \$ _____
 Child Support #1 \$ _____ #2 \$ _____
 SNAP -----#1 \$ _____ #2 \$ _____
 Housing -----#1 \$ _____ #2 \$ _____
 Other----- #1 \$ _____ #2 \$ _____

Totals-----#1\$ _____ #2\$ _____

3. All Persons Living in Household

Parent/Caregiver (#2) _____
 Date of Birth _____
 Primary Phone _____
 Secondary Phone _____
 Primary Email _____
 Current Employer _____
 Length of Employment _____
 Hours Worked per week _____
 Child _____ DOB _____ Age _____
 Child _____ DOB _____ Age _____
 Child _____ DOB _____ Age _____
 Child _____ DOB _____ Age _____
 Child _____ DOB _____ Age _____
 Child _____ DOB _____ Age _____

6. Provide Monthly Expenses

House/Rent \$ _____
 Utilities \$ _____
 Childcare \$ _____
 Medical \$ _____
 Education \$ _____
 Other \$ _____

Total \$ _____

Office Use Only: APPROVED __YES __NO
 Date Completed Application Rcvd: _____
 Processed By: _____ Date: _____
 Date Applicant Notified: _____
 Accepted Scholarship __YES __NO