

Scholarship Application COVER SHEET



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 materials requested.

For Your Information

- Application is required annually.
- Income documentation is required annually.
- The 1st year (\$ value) 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 (Housing & Urban Dev) 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 wish to use the 1st option** for application and need your latest tax documents, please call the IRS at 1-800-829-1040 for a free copy of your 1040 stating gross income and verification of dependents.
- If **you choose to use the 2nd option**, please make copies of cards/verifications that your family participates in from the list below.

If you have questions or need more information, please contact the museum at 580-233-2787, x1002.



Scholarship APPLICATION FORM

Application Checklist

Scholarship applicants have **2 choices** of proving estimated income.

Option 1: _____ Application - fully completed (all blanks complete)
 _____ Most recent IRS tax return

Option 2: _____ Application - fully completed (all blanks complete)
 _____ Last 2 paystubs
 _____ Proof of dependent verification:
 _____ birth certificate OR
 _____ tax forms OR
 _____ social security card
 _____ Public Assistance Verification (provide copy of card/verification of any that are applicable)
 _____ SNAP (food stamps)
 _____ Housing Assistance
 _____ TANF (Temp Assistance for Needy Families)
 _____ SSI (Supplemental Security Income/Disability)
 _____ AID to disabled
 _____ Social Security/Annuity/Retirement Income

If Parent/Guardian is a Student:

_____ Class Schedule (such as college or trade school) OR
_____ Evidence of Financial Aid

_____ I am providing all applicable information and I will review & complete my scholarship application.

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

Signature _____ Date _____

For more information: Please call the museum at 580-233-2787, x1002

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 (Please select one)

- One Year Museum Membership _____
How many years have you used a scholarship? _____
This is my 1st yr: __, 2nd yr: __, 3rd yr: __, 4+ yrs: __
- Day Camp Scholarship _____
How many years have you used a scholarship? _____
This is my 1st yr: __, 2nd yr: __, 3rd yr: __, 4+ yrs: __
- Program/Classes Scholarship _____
How many years have you used a scholarship? _____
This is my 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 _____

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