

# Discovery Museum's Annual Membership

## 2022 Scholarship Application Form

Please return completed form to the museum, or email to [director@discovery-museum.org](mailto:director@discovery-museum.org)

Scholarships are distributed on a financial need and first come basis. Limited scholarships are available and therefore awards are highly competitive. All of the information requested on this form must be filled out to be considered for an award. Awardees will be notified and memberships will begin the same day and be good for one full year. We use the 200% of Poverty Federal Income Guidelines or CalFresh eligibility to determine family eligibility.

Head(s) of house full name(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please list names of all household members (one additional non-household name can be listed):

\_\_\_\_\_

Total monthly household income: \_\_\_\_\_ Number of household members: \_\_\_\_\_

Has the participant received a scholarship in the past? \_\_\_\_\_

Please tell us a little bit about how a scholarship would benefit your family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Household	2	3	4	5	6	7	Each additional member
Max Gross Income	\$2,874	\$3,620	\$4,368	\$5,114	\$5,860	\$6,608	\$748
Max Net Income	\$1,437	\$1,810	\$2,184	\$2,557	\$2,930	\$3,304	\$374

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*I acknowledge that the information submitted on this application is accurate.*

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**For Office Use Only**

Amount awarded: \_\_\_\_\_ Coupon Code: \_\_\_\_\_

Date Received: \_\_\_\_\_ Participant Completion \_\_\_\_\_