

Applicant Information

Today's Date: _____

Applicant : _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

E-mail: _____

Number of Adults in Household: _____

Number of Children in Household: _____

**All sections must
be completed to
be considered.**

List every person you want covered on the membership (Adults and Children):

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Name: _____ Birthdate: __/__/__

Can your family afford a discounted membership of \$25? Yes No

Financial Information

Please mark where your family receives support from:

- CHIP (Children's Health Insurance Plan)
- Food Stamps (EBT Card)
- Foster Care
- Free and Reduced School Lunch
- Low-Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- Section 8 Housing Voucher Program in Washington
- TANF (Temporary Assistance For Needy Families)
- WIC (Women Infants and Children)
- Other Please list: _____

Note: KidsQuest Children's Museum may request copies of all financial information or verification of support from the above agencies.

-Please Complete Both Sides of Application-



Membership Scholarship Application

Yearly Household Income, before taxes (include all sources of income): _____

Applications must have an annual income to be considered.

Parent/Guardian #1 employed:

Full-time Part-time Not Employed

Employer: _____

Parent/Guardian #2 employed:

Full-time Part-time Not Employed

Employer: _____

If an adult is not employed please explain circumstances:

Are there special circumstances we should take into account?

Have you received a KidsQuest scholarship before? Explain how it benefited your family:

Mail form to: KidsQuest Children's Museum
Attn: Kristine Haroldson
1116 108th Ave NE
Bellevue, WA 98004

OR email form to: kristine@kidsquestmuseum.org

Scholarship applications are reviewed once a month. Please wait at least 4-5 weeks before checking in on scholarship status.