



The Works Museum Camp Scholarship Application

Thank you for your interest in camp at The Works. You can register for camp and apply for scholarships at the same time. There are no deadlines for application, but camps fill quickly and scholarship funds are limited, so please apply early.

A Scholarship is limited to two half day camps and a one day camp per child. Member discounts are not applicable with a camp scholarship; discounts cannot be combined. Please call The Works at (952) 888-4262 with any questions or for more information.

Please submit **this form**, along with your **registration form** and **payment** via:

- a) Scan or take picture, then Email to camps@theworks.org
- b) Bring it in person
- c) Mail to The Works Museum, Attn: Camps
9740 Grand Ave S
Bloomington, MN 55420

If a camp is full and we are unable to accommodate your child, we will return payment to you.

50% scholarship: If your child or your family receives free/reduced price lunch at school, or assistance from SNAP, TANF, MFIP, WIC, SSI, Section 8 housing, Medical Assistance or Medicaid (not Minnesota Care) your child is eligible for a 50% scholarship.

Please check the program your family participates in and sign the form. Mail the following to The Works (see address above):

- o A copy of proof of enrollment in the program you checked **or** a copy of your most recent Federal tax return
- o Camp enrollment form
- o Payment for the camp requested

<input type="checkbox"/> TANF	<input type="checkbox"/> SNAP	<input type="checkbox"/> Free or reduced lunch program
<input type="checkbox"/> MFIP	<input type="checkbox"/> Section 8 housing	<input type="checkbox"/> Medical Assistance
<input type="checkbox"/> WIC	<input type="checkbox"/> SSI	<input type="checkbox"/> Medicaid (not Minnesota Care)

25% scholarship: A limited number of camp scholarships for 25% off camp fees are available for other families in need of assistance, based on financial status and availability of funds.

_____ total family gross yearly income _____ number of children in family

_____ most recent monthly gross income for your family

_____ other income (child or spousal support, student grants)

Additional information concerning your financial situation (optional)

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need for camp scholarships.

Signature of parent or guardian

date

Scan or take a picture to Submit your form by email to camps@theworks.org:
OR mail: The Works Museum, Attn: Camp, 9740 Grand Ave S, Bloomington MN 55420.