Lynn Meadows Discovery Center
Summer Camp Scholarship Application 2024

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT TO:
Erica Moore
Email: emoore@lmdc.org   Date of Application: _____
Phone (228) 897-6039   (ext 106)
<mark>**APPLICATIONS ARE DUE BY FRIDAY, MARCH 29th, 2024 AT 5:00pm**</mark>
*after March 29th scholarship funds will be awarded on a rolling basis if funds are still available

Scholarship Guidelines (Please Read Carefully & Confirm you have read & understand the following):
- Applicants are evaluated without regard to race, religion, natural origin, sex, or physical ability.
- Due to limited funding**, the maximum scholarship issued will be $200 per application** and scholarships are not guaranteed to all applicants.
- Staff of Lynn Meadows Discovery Center and their children are not eligible for scholarship assistance.
- Scholarship applications are reviewed by the Scholarship Committee, awards are based on need, and **incomplete applications will not be reviewed or awarded.**
- Scholarships only cover the cost of the program. T-shirts or other hard costs are not covered by the scholarship.
- Applications turned in by the due date on March 29th will be issued via email by Friday, April 5th. Rolling applications after March 29th will be notified via email within 5 business days. No camp scholarships will be issued after June 1st, 2024.
- <mark>**Scholarships must be confirmed by the recipient within 10 calendar days from the date the scholarship was awarded**</mark>. Scholarships not confirmed within 10 calendar days will be void.
- Please initial here to confirm that you have read the above listed policies & deadlines.   _____

Please complete one form per child:

Name of Child _____ Birth Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Family Email _____

Grade _____ School _____

Camp Name and Date: _____
_____

What do you hope your child will gain from this experience?_____
_____
_____

What is your previous experience at Lynn Meadows Discovery Center? _____
_____
_____

How many children currently live in the household? _____ Please list their ages: _____

Do you currently have a Museum Membership? ☐ Yes ☐ No   If yes, list Membership expiration date: _____

REQUIRED FAMILY INFORMATION

Father's Name _____

Address (if different) _____

Place of Employment _____

Mother's Name _____

Address (if different) _____

Place of Employment _____

Name of Legal Guardian (if not living with mother/father)

FINANCIAL INFORMATION

Eligibility for need-based scholarships is based on the following criteria and conditions, including household size* and income standards. If an applicant does not fall within these criteria but can prove other special circumstances, the scholarship committee with review and may grant a scholarship.

Total Household Size*	Yearly Income	Monthly Income
2	$ 39,252.00	$ 3,271.00
3	$ 49,488.00	$ 4,124.00
4	$ 59,700.00	$ 4,975.00
5	$ 69,924.00	$ 5,827.00
6	$ 80,160.00	$ 6,680.00
7	$ 90,384.00	$ 7,532.00
8	$ 100,620.00	$ 8,385.00

*Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.).

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance, etc.) and **include proof of income with your completed application**.

☐ Below $10,000 ☐ $20,001-$25,000 ☐ $35,001-$40,000 ☐ $50.001-$55,000

☐ $10,001-$15,000 ☐ $25,001-$30,000 ☐ $40,000-$45,000 ☐ $55,001-$60,000

☐ $15,001-$20,000 ☐ $30,001-$35,000 ☐ $45,001-$50,000 ☐ $65,001-$70,000

☐ Over $70,000 Number in household: _____

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?

_____

_____

_____

Are other family members currently applying for a scholarship? ☐ Yes ☐ No

Has anyone in your family previously received financial assistance through our scholarship fund? ☐ Yes ☐ No

If yes, provide event name and date: _____ How much was received? _____

Fee amount you are requesting: _____ In addition to the fee, how much can you contribute? _____