

SCHOOL'S OUT!

Scholarship Application



Please complete one application for each family and submit with program registration form.

Full and partial scholarships are based on family need and are awarded on a first-come, first-serve basis. Once your request has been processed, the Mattatuck Museum will notify you in writing of the outcome. Once you have been notified, 50% of any remaining balance will be due within 2 weeks to guarantee your child(ren)'s enrollment in the program.

Email: jason@mattmuseum.org or Fax: (203) 756-6283

Mail to: Mattatuck Museum • c/o Education Department • 144 West Main Street • Waterbury, CT 06702

Parent/Guardian's Full Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Participant(s) Information: *(Scholarships for 3 or more children: please fill out the section below on an additional copy of this form and attach.)*

Child's Name _____ Age _____ Grade _____

Please check all that apply:

- Celebrate Indigenous People's Day (October 11) Paint the Change (November 2) The Science Behind Art (November 26)

Child's Name _____ Age _____ Grade _____

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- Celebrate Indigenous People's Day (October 11) Paint the Change (November 2) The Science Behind Art (November 26)

Please explain your child(ren)'s interest in art and history:

Have you ever visited the Mattatuck Museum before? Yes No

If so, what did you attend? (please check all that apply): Exhibition Adult Program Children's Program

Are you currently a Mattatuck Museum Member? Yes If so, at what level? _____ No

Total Annual Household Income

Please check one of the following:

- Less than \$20,000 per year \$20,000-\$34,999 per year \$35,000-\$44,999 per year More than \$45,000 per year

I agree to the payment terms listed above and state that the financial information I have given is true, to the best of my knowledge.

Print Name _____

Signature _____ Date _____