

# 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, need-based basis**. Once your request has been processed, the Mattatuck Museum will notify you in writing of the outcome.

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

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

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Parent/Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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**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:

- All About Fall (Oct. 3)    Photography (Oct. 10)    Work It! (Nov. 8)    Art and Advocacy (Nov. 11)    Planet Heroes (Nov. 8)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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

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In the event that full scholarships are unavailable, what is the **maximum** you would be able to pay for your child/ren to attend **one** School's OUT! experience? \$ \_\_\_\_\_

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### Total Annual Household Income Per Year

Please check one of the following:

- Less than \$20,000    \$20,000 - \$29,999    \$30,000 - \$39,999    40,000 - 49,999    \$50,000 - 59,999    \$60,000 - 69,999    More than \$70,000

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 \_\_\_\_\_