

**Washakie Museum and Cultural Center
2020 Art Camp Scholarship Application**

Scholarships for museum youth programs are given at the discretion of Washakie Museum and Cultural Center employees. Scholarships must be awarded to children who have met the full requirements outlined by this application. If conditions are not met, scholarship money will not be awarded. Please be sure to read carefully and fill out the application correctly. Incomplete applications will NOT be accepted!

- Scholarships can either be partial (half of the cost of the program) or full.
- Scholarships are limited and will be awarded to eligible students on the basis of availability.
- To be considered for a scholarship, a non-familial reference MUST be provided. For example, this reference can be a teacher, church leader, counselor, family friend, co-worker, or youth pastor. References are not required to pay any fees nor are they responsible for funding the child's museum program experience.
- Scholarship applications must be received by May 22.
- Only 50 students will be able to participate in this program. For a better chance at receiving a scholarship for your child, please submit this application as soon as possible!

Applications may be submitted to the Washakie Museum and Cultural Center by mail, email or by phone during business hours (M-F 8:00-5:00).

**Washakie Museum and Cultural Center
2200 Big Horn Ave
Worland, WY 82401
Phone: 307-347-4102
Fax: 307-347-4865
chaun@washakiemuseum.org**

Student Information

Name _____ Birthdate _____

Grade _____

Program you are requesting assistance for: _____

How much financial assistance are you requesting? (circle one) FULL PARTIAL

In the student's own words: Why do you want to participate in this program? [We prefer the student write this, but adult help is not off limits]. If you need more space, continue on the back.

Reference

Name _____

Phone Number _____ Email _____

Address _____

Relation to Student _____

To be completed by Parent or Guardian

Name _____

Address _____

City _____ State _____ Zip Code _____

Email address _____ Phone _____

Number of adults in household _____

Number of children in household _____

Do you receive any state or federal assistance (WIC, SSI, Food Stamps, School Lunch)? Yes No

Please indicate other situations which may affect your household's income:

I hereby verify that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____



WASHAKIE MUSEUM
& CULTURAL CENTER