

## **Washakie Museum and Cultural Center Youth Program Scholarship Application**

Scholarships for museum youth programs are given at the discretion of the Washakie Museum and Cultural Center. Scholarships may be awarded to students who have met the full requirements outlined by this application. If the 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 at least 1 week prior to the program that you are requesting funding for.
- Space in museum youth programs and availability of scholarship funds is limited. For a better chance at receiving a scholarship for your desired program please submit this application as soon as possible!

Applications can be submitted online, by email, in person during normal operating hours, by mail, or fax.

**Washakie Museum and Cultural Center  
Attn: Emma Reid  
2200 Big Horn Ave  
Worland, WY 82401  
Phone: 307-347-4102  
Fax: 307-347-4865  
educator@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 they want to attend the program they have identified? [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