



220 North Church Street, Downtown Greensboro, NC, 27401

tel (336)574-2898, fax (336)574-3810, www.gcmuseum.com

THE GREENSBORO CHILDREN'S MUSEUM IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION

MEMBERSHIP APPLICATION FOR SCHOLARSHIP FUNDS-Confidential

Every year, through the generosity of donors in the community, we are able to provide a limited amount of membership scholarships. These scholarships are based on need and are not guaranteed. Scholarships may be full or partial. If you were to receive a scholarship for membership, your membership is for one year and will not be automatically renewed. You will need to reapply on an annual basis.

1st Adult: _____
First Name Last Name

2nd Adult: _____
First Name Last Name

Address: _____

City: _____ Zip Code: _____

Phone: _____ (daytime) _____ (evening)

Have you received scholarship funds from the Greensboro Children's Museum in the past?
Yes No (circle one)

Number of adults living in the household: _____

Number of children living in the household: _____

Please list the names and birth dates of all the children in the household:

Name	Birthdate	Name	Birthdate

School(s) that the children attend: _____

Please check the category which indicates the total family income for the last year:

- | | |
|-------------------------|-------------------------|
| _____ Below \$5,000 | _____ \$20,000-\$30,000 |
| _____ \$5,000-\$10,000 | _____ \$30,000-\$40,000 |
| _____ \$10,000-\$15,000 | _____ Over \$40,000 |
| _____ \$15,000-\$20,000 | |

If asked, how would you verify this information? _____

By signing, I attest to the accuracy of the information provided.

Name

Date

Please use the back of this application to state your reasons for requesting this assistance or attach a letter with your application.
Please return to Stephanie L. Billings at the Greensboro Children's Museum, 220 N. Church Street, Greensboro NC, 27401.
Scholarships are awarded on a monthly basis and you will be contacted with the decision of the Scholarship committee.