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Classes

Scholarship Request Form

The Zimmer Children's Museum by ShareWell is proud to offer 50% and 100% scholarships for our programs for families who qualify.

- Scholarships are awarded based on financial need, the number of applicants, and availability of space in each class.
- Only one (1) class per session (7 sessions in a year) may be awarded to each scholarship recipient. Each additional class per session may be awarded a partial scholarship.
- Preschool Prep (Drop-Off program) awards scholarship for only two (2) sessions per year. Each additional session is awarded a partial scholarship.
- **IMPORTANT:** To be considered for financial assistance, you must include the following items:
 - One (1) Completed copy of this Scholarship Request Form.
 - One (1) Completed copy of Registration Form for the program you'd like to participate in.
 - One (1) Copy of one of the following eligibility or coverage notification letters dated within the calendar year:
 - Signed IRS Tax Return (1040, 1040A or 1040EZ)
 - Section 8/Public Housing
 - WIC Vouchers
 - Low Income Energy Assistance, Temporary Assistance for Needy Families (TANF)

PARENT NAME: _____ EMAIL: _____ CELL #: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHILD'S NAME: _____ BIRTHDATE: ____/____/____

Please indicate all programs in which your child would like to participate (in order of preference):

1. _____ 2. _____ 3. _____

CHILD'S NAME: _____ BIRTHDATE: ____/____/____

Please indicate all programs in which your child would like to participate (in order of preference):

1. _____ 2. _____ 3. _____

Please share the ways that participation in this class at the Zimmer Children's Museum by ShareWell will benefit your child(ren):

TERMS & CONDITIONS:

- I verify that the information submitted with this scholarship request application, including the requested documents that show proof of income, eligibility or coverage notification letters are true and accurate copies of official documents.
- I understand that if my child is awarded a scholarship to participate in Zimmer classes, I am willing to write a letter sharing my child's experience that may be used for publicity, marketing, and fundraising purposes, upon request.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

All Scholarship Request Forms and supporting documents submitted to the Zimmer Children's Museum by ShareWell are confidential and does not share or use information for any other purpose. **Incomplete applications will not be considered.**

Submit **completed** application forms:

IN PERSON to the Front Desk at the Zimmer Children's Museum or
EMAIL with subject: **Scholarship Request** to sara@sharewell.org or

MAIL TO Zimmer Children's Museum by ShareWell, Attn: Scholarship Request, 6505 Wilshire Blvd. #100, Los Angeles, CA 90048.