

The Journey Museum and Learning Center Membership Scholarship Application

Parent/Guardian Names: _____

Children's Names and Ages: _____

Date: _____

Address:

Zip code: _____

Telephone number: _____

Email: _____

Please tell us why you would like to have a membership to the Journey Museum:

Do your children qualify for the free and reduced school lunch program?

- Yes
- No
- N/A

Can you pay any portion of the membership (\$50 Family Membership)? (scholarship dollars will be available to more families if some are able to pay a portion).

- No
- 25%
- 50%
- 75%

In lieu of membership fee, are there creative ways you can support The Journey Museum's Education Program?

I am able to:

- Volunteer
- Donate class supplies
- Other (please specify)

Parent/Guardian Signature: _____

PLEASE RETURN APPLICATION TO:

The Journey Museum and Learning Center
222 New York Street
Rapid City, SD 57701

Or scan and email to: edstaff.journey@gmail.com

■■■■■■■■■■ To be completed by The Journey Museum and Learning Center Staff ■■■■■■■■■■

Member Names _____

Date _____

COMMENTS: _____

Price of membership ____ \$50 _____

Amount requested _____

Amount awarded _____

Has membership been awarded in the past? Yes No

If yes, when? _____

Data entered

Applicant notified