



Mission: To engage young minds through interactive, multi-sensory learning experiences that promote a greater understanding of themselves and their world.

Application for Scholarship

Name: _____ Date of Request: _____

Other adults in household: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Alternate (circle - work/cell): _____

Email: _____

Children living in the household:

<i>Name (first and last)</i>	<i>Birthdate</i>		
_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F

Have you received scholarships from Explore More in the past? Circle: Yes No

How many working members are in your household? _____

In order to be considered for a scholarship, attach copies of the latest W2 forms for all working members in the household.

How did you hear about the scholarship program? _____

Please state your reasons and/or special circumstances for requesting this assistance on the back of this form, or attach a letter with your application.

Scholarships are limited and not guaranteed. Recipients may be asked to complete a survey about their scholarship experience, and they may choose to remain anonymous.

Return completed application to:
Explore More Discovery Museum
150 South Main Street | PO Box 957
Harrisonburg, VA 22803

You will be notified with the decision of the Scholarship Committee within 30 days.