



## Learn MOR Scholarship Fund Application

This form must be complete to be processed. Scholarship approval is not guaranteed by completing this form.  
ALL INFORMATION IS CONFIDENTIAL.

### BASIC INFORMATION

Primary Adults' Names: \_\_\_\_\_

Primary Adults' Relationship to the child:  Parent  Legal Guardian  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent's email: \_\_\_\_\_

MOR Member? Yes  No

Number of adults over 18 in your home: \_\_\_\_\_ Number of children under 18 in your home: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child's gender: Male  Female

### HOUSEHOLD MONTHLY INCOME

What is your household's monthly salary? \$ \_\_\_\_\_ Check here if all adults are unemployed:

*(You may be asked for your most recent pay stubs or a letter from your employer.)*

Please provide us with the details and amounts of income or assistance you currently receive for:

Unemployment: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_

Child Support/Alimony: \$ \_\_\_\_\_ Pension/Retirement: \$ \_\_\_\_\_

Disability: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

*(You may be asked for the first two pages of your 1040 of your most recent IRS Tax Return.)*

Is there anything else we should know about your family situation (including illnesses, divorce, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM INFORMATION**

Program Title: \_\_\_\_\_ Date(s) of program: \_\_\_\_\_

Amount of applicant is able to pay: \_\_\_\_\_ Amount of scholarship requested: \_\_\_\_\_

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*Please have your child respond to the following question:*

Why do you want to attend this program at the Museum of the Rockies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I acknowledge that all information provided on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested.**

Signature of Parent applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this Scholarship Fund Application to:  
*Education Department  
Museum of the Rockies  
600 W. Kagy Blvd.  
Bozeman, MT 59717  
Please call 406.994.6618 with any questions.*

*For Office Use Only:*

Scholarship Amount Awarded: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_