



# Museum of the Rockies Education Scholarship Fund Application

Camper's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Male  Female

Parents' Names: \_\_\_\_\_ MOR Member? Yes  No

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

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

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

Name of program: \_\_\_\_\_

Date of program: \_\_\_\_\_

Amount of cost applicant is able to pay: \_\_\_\_\_

Amount of scholarship requested: \_\_\_\_\_

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

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

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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: \_\_\_\_\_