



Dear Educator,

Thank you for your interest in the Children's Museum of Tacoma's group visit scholarship program. The goal of the program is to increase access to the Museum and to optimize the reach of our mission:

*From the Backyard to the moon, the Children's Museum of Tacoma celebrates the power of play in the lifelong journey of learning.*

### **Scholarship Eligibility Guidelines**

- Scholarship applications are reviewed and awarded on a first-come, first-served basis.
- Scholarships will subsidize the cost of no more than 30 children per group visit.
- There must be a 1 to 5, adult to child ratio per group.
- Organizations will only receive admission assistance for one group visit per calendar year.

### **How to Apply**

- Fill out the accompanying Group Visit application and return it to the address below.
- While we cannot guarantee the availability of any date, please note your choices on the application form.
- Applications are reviewed as they are received. You will be notified within two weeks of the status of your application. If you do not hear from us in two weeks, please call the Museum to check on the status of your application.

All participating teachers/educators are required to participate in the Museum's group visit evaluation process. The evaluation will be sent to the group's primary contact.

Thank you again for your interest in the Children's Museum of Tacoma's group visit program. Please call the Museum with any questions or comments regarding the program.

Sincerely,

Alyssa Marsh  
Program Manager

**Please mail or fax application to: Children's Museum of Tacoma, 936 Broadway,  
Tacoma, WA 98402 Fax: (253) 627-2436**



## Group Visit Scholarship Application

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Ages of Students: \_\_\_\_\_

Preferred Date & Time of Visit: 1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Has your school and/or program received a Group Visit Scholarship before? \_\_\_\_\_  
If yes, when? \_\_\_\_\_

Please note the number of students in your program who:

Receive food stamps: \_\_\_\_\_

Qualify for free or reduced lunch: \_\_\_\_\_

Please list your annual funding per child for field trips: \_\_\_\_\_

Please describe any special funding your organization receives such as Head Start, Title 1,  
or United Way:

Briefly describe how your students will benefit from this group visit: