



## SCHOLARSHIP FORM

**Please print. All sections must be completed for this for this application to be considered.**

The FWMSH Little Scholar's Program Scholarship Program offers economic assistance to families so their children may participate in the FWMSH Little Scholar's Program. Scholarship awards are based on financial need using the income guidelines of the WIC program (Women, Infants and Children). A link to the WIC Income Guidelines is listed below. A scholarship applicant that is currently on public assistance such as Medicaid, TANF, or SNAP automatically meets the income eligibility guidelines for a FWMSH Little Scholar's Program scholarship. Applicants not enrolled in any public assistance program, may still qualify for a FWMSH Little Scholar's Program scholarship by meeting the income guidelines for their household.

Scholarships are on a first-come basis until registration closes for the Fall 2020 semester. Scholarship applicants must complete the scholarship application and also complete the registration form. The application and registration form should be submitted together, along with either a readable copy of your current proof of public assistance with a current date or income documentation such as a month's worth of paycheck stubs or a copy of the most recent household tax return from April 2020 (for 2019). **The quickest way to register is to send a scan of your documents to [littlescholars@fwmsch.org](mailto:littlescholars@fwmsch.org).** (No cell phone photos, please.) Please see the following page for more information on how to send your registration, scholarship application and supporting income documents.

**If you are not on public assistance and want to see if you still qualify for a Little Scholar's Program Scholarship: <https://texaswic.org/apply>**

### **HOW TO RETURN YOUR CHILD'S REGISTRATION FORM and SCHOLARSHIP APPLICATION AND INCOME DOCUMENTATION**

Before sending your paperwork, email [littlescholars@fwmsch.org](mailto:littlescholars@fwmsch.org) about available scholarships. Once we have verified that there is an opening for your child, your child's name will be temporarily placed on the class roll. **Final confirmation for the scholarship will not be made until all required forms have been received and approved.** Email readable scans of your complete paperwork (**registration form, scholarship application and a copy of your public assistance paperwork or income documentation**) to the Little Scholar's Program at [littlescholars@fwmsch.org](mailto:littlescholars@fwmsch.org).

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#### **Remember to check to see if you qualify -**

Eligibility for Little Scholar's Program scholarships is based upon the June 1, 2019-June 30, 2020 income guidelines used by Texas WIC (Special Supplemental Nutrition Program for Women, Infants and Children.)

If you are currently receiving public assistance – Applicants who are currently enrolled in an official public assistance program (Medicaid, TANF, SNAP, Texas WIC) automatically qualify for a Museum School scholarship. A copy of your current card or paperwork with a date will be needed.

If you are not receiving public assistance – Applicants who are not receiving public assistance but whose income meets the eligibility guidelines of Texas WIC may still be eligible for a Little Scholar's Program scholarship. Awards are based on available funds. A copy of your April 2020 tax return (for 2019) OR copies of the last two paycheck stubs of each parent that works. Paycheck stubs must show the gross monthly pay which is the amount before taxes and deductions. If you get paid weekly, include copies of 4 weekly paycheck stubs; if you get paid twice a month, include copies of 2 monthly paycheck stubs; and if you get paid once a month, include a copy of 1 monthly paycheck stub. A brief statement on the Scholarship Application of why you are requesting tuition assistance is helpful in determining an award.

Fort Worth Museum of Science and History / FWMSH Little Scholar's Program October-December 2020  
**SCHOLARSHIP APPLICATION**

**STUDENT INFORMATION** Please list all children applying for a scholarship. (Scholarships are for one class per child.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ( ) F ( ) M

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ( ) F ( ) M

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ ( ) F ( ) M

**PARENT INFORMATION**

**Parent / Guardian #1** (circle one) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ ( ) Home ( ) Cell (please check one)

Email \_\_\_\_\_ Employer \_\_\_\_\_

**Parent / Guardian #2** (circle one) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ ( ) Home ( ) Cell (please check one)

Email \_\_\_\_\_ Employer \_\_\_\_\_

**REQUIRED INCOME INFORMATION**

What is the total number of children living in the household? \_\_\_\_\_ Total number of adults living in the household? \_\_\_\_\_

What is your monthly gross income? (Before taxes and deductions) Parent / Guardian #1 \$ \_\_\_\_\_ Parent / Guardian #2 \$ \_\_\_\_\_

**Do you currently receive public assistance?** ( ) No ( ) Yes If yes, what type? \_\_\_\_\_

Send copies of your current public assistance enrollment with dates (Medicaid, TANF, SNAP, Texas WIC, etc.)

**If you are not on public assistance** – You must send proof of income – copies of either your 2019 tax return OR paychecks that show A gross monthly amount.

Do you receive any other household income? ( ) No ( ) Yes What kind? \_\_\_\_\_

Monthly Gross Income from this source \$ \_\_\_\_\_ (child / spousal support, unemployment, pension, student grants, etc.)

**Please give us additional information that will assist with the scholarship decision.**


The information I have provided is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need. I have read and understand the requirements regarding scholarship awards and have attached the required income documentation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE** DATE RECEIVED \_\_\_\_\_ STATUS \_\_\_\_\_ NOTES: \_\_\_\_\_