



Sacajawea Interpretive, Cultural & Educational

www.sacajaweacenter.org

Scholarship Application

Parent/Guardian Name: _____

Child's Name: _____ Age: _____

Address: _____ State: _____ Zip Code: _____

Daytime phone number: _____

*Program(s) requesting scholarship for: _____

Are you requesting a full or partial scholarship? _____

Scholarships are awarded based on financial need.

1. How many members in your household? _____
2. Number of dependent children: _____ Ages: _____
3. Is the applicant eligible for free or reduced price school lunch? Yes No
4. Ask your child the following question and write their response below: Why do you want to attend programs at the Sacajawea Center? *(This is an optional question. It is for reporting to our donors and will not impact your chance of an award.)*

*We limit the scholarship opportunity to 2 programs per child (unless more funds become available) to ensure that all children who need support have access to funds.

I attest that the information I have provided is true to the best of my knowledge.

Signature: _____ Date: _____

Relationship to child: _____

For Office Use Only:

Date Received: _____ Amount Awarded: _____

Date and Title of Programs(s) Enrolled: _____