



Mobius Discovery Center Scholarship Program
Family Membership Application

Adult names in same household (2): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Children under the age of 18 residing in the household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Mobius Scholarship Program Guidelines

The Scholarship Program is available to participants who fall within our approved household income levels according to their household size and at least one of the following: \*Proof of income for each adult in the household required with application. For household income levels or additional information, please visit mobiusdiscoverycenter.org/scholarships

- Children who qualify for the free or reduced lunch program.
• Children attending learning centers, schools, or classrooms in which 50% of the population receive free or reduced lunch.
• Children attending daycare centers that receive State funding for at least 50% of their children.
• Children attending any Federal Even Start, Head Start/ECEAP, and Early Head Start Programs.
• Children identified by those social service agencies that assist families who are economically disadvantaged or considered at-risk.

I am requesting a: [ ] Partial Scholarship: I can contribute \$\_\_\_\_\_ [ ] Full Scholarship

Dependent children or family currently qualifies for:

[ ] Free Lunch Program [ ] Reduced Lunch Program

\* Proof of income required with application

Number of persons in the household: \_\_\_\_\_ Annual household income: \_\_\_\_\_

Which one of the following categories best describes your ethnicity: (Optional)

[ ] Caucasian [ ] Hispanic/Latino [ ] African American [ ] Native American [ ] Asian/Other

Your personal information will be kept confidential. However, we may publish or share demographic information to apply and qualify for grants and other funding sources.

Memberships: A Mobius Discovery Center Family Membership provides unlimited visits to Mobius for six months and includes two adults and up to 4 children under 18 in a single household. Applicants are eligible to apply for two memberships per year, membership approval based on funding availability. Once your application is approved, your new membership cards will be mailed to the address submitted on application.

Please submit application to:

Email - info@mobiusspokane.org or by Mail - Mobius Discovery Center Attn: Karen Hudson, PO Box 9106, Spokane, WA. 99209. For additional information please call 509-321-7125.

Please note: Scholarship memberships are approved on a first come, first served basis, and can only be considered if there is funding available.

## Income Chart

Household Size	Yearly Income
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7	\$77,534
8	\$86,266
<i>For households over 8, add \$8,177 per additional family member.</i>	