DISCOVERY CENTER

Group Visit Application

Group & Contact Name:				
Address:				
City:	State:		Zip Code:	
Phone:	E-mail:			
I am requesting a:	requesting a: Partial Scholarship Group Visit: I can contribute \$			Full Scholarship
Total number of children	# of boys	# of girls	# of chaperones _	Grade
Preferred date and time of visit:				

Group Visit Guidelines

- Group visits MUST be approved prior to scheduling a visit. Due to limited funding, applications cannot be applied towards a previously scheduled group visit. An approved application is required prior to scheduling.
- Group visits are for 10 or more children and their adult chaperones, maximum group size 50 (including children and chaperones).
- One adult chaperone is required for every five children; there is no charge for chaperones within these guidelines. Any additional adult chaperones and all siblings 12 months and older will be charged admission.
- Group visits are scheduled for 90 minutes. Funding covers self-guided fee only. At this time, STEAM Workshop fees are not covered by the scholarship program.
- Once application is processed, a Mobius scheduler will reach out and let you know if the scholarship is approved. If approved, your visit will be scheduled at that time. Approval of your requested date/ time will be based on availability.

Group Scholarship Program

The Scholarship Program is available to groups who qualify for at least one of the following:

- 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.

Please answer the following questions:

1) Does your organization or school receive special funding (Head Start, Title I, etc.)?	□ Y [N
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What percentage of your students qualifies for free or reduced lunch? ______

3) What percentage of the following categories best describes the ethnicity of your group: (Optional)

Caucasian _____Hispanic/Latino _____African American _____Native American _____Asian/Other This information will be kept confidential. However, we may publish or share demographic information to apply and qualify for grants and other funding sources.

Please submit application to:

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

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