

Discovery Museum's
Pal Camp
Subsidized Tuition Application Form

All of the information requested on this form must be filled out to be considered for a supplemental tuition rate. Discounts are given on a sliding scale of \$50-\$100 off regular tuition for camp per week. Upon the distribution of a discount, parents/ guardians will be asked to register their camper online. We use the 200% of Poverty Federal Income Guidelines for CalFresh eligibility to determine family eligibility.

THIS FORM MUST BE SUBMITTED IN PERSON TO THE DISCOVERY MUSEUM (612 G STREET, EUREKA) WITH PROOF OF EBT ELIGIBILITY TO BE CONSIDERED.

Applications submitted without proof of EBT will not be considered.

Please let us know if in-person submission will not be an option for you.

Applicant/Camper's full name:

Parent/Guardian Name:

Phone Number:

Email Address:

Session(s) for which applicant is applying:

Total monthly household income: _____ Number of household members: _____

Has the participant received a scholarship in the past?

Reasons for which the participant feels they should receive this scholarship award:

Income and Benefit Table

Household Size	Gross Monthly Income Limit (200% FPL)	Max Monthly Benefit
1	\$2,610	\$298
2	\$3,526	\$546
3	\$4,442	\$785
4	\$5,360	\$994
5	\$6,276	\$1,183
Each Additional	+\$918	+\$218

Gross income is all the income your household gets from any source except the exempt income. Some examples of exempt income include any college work study program and Job Training Partnership Act. For most households, the monthly gross income (before payroll deductions) must be at or below 200% of the Federal Poverty Level for the household size. If a member of your household is disqualified because of an intentional program violation, then the 130% Federal Poverty Level will apply to your household and your resources will also be counted.

Signature of Applicant: _____ Date: _____

I, the undersigned, acknowledge that the information submitted on this application is accurate.

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only

Approved? _____ Amount awarded: _____ Coupon Code: _____

Date Received: _____ Participant Completion _____