ExperoDome Scholarship Application 2015-2016

http://bellmuseum.umn.edu/ExploraDome/

Eligibility: Minnesota Schools
- With 25-75% of students recipients of the Federal Free and Reduced Lunch Program or a demonstrated similar need
- In counties Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, or Washington

The Scholarships are for one full day of ExploraDome programming at your school, including 6-10 ExploraDome presentations.

Scholarships will be awarded to eligible schools based on the order of receipt.

Name of School:__________________________________________________________

School District Name/Number:____________________________________________

Type of school:  □ Public  □ Charter  □ Private  □ Alternative Learning Program
□ Other (please describe) _________________________________________________

Students receiving lunch subsidies:%________ (must be between 25-75%) OR
Describe a similar need (e.g. students on scholarship) _________________________

County: Must be in the Twin Cities 7-County Metropolitan Area. (see list above)

______________________________

Contact Person:_________________________________________________________

Address:__________________________________________________________________

City:__________________________State:______ Zip:__________________________

Phone:________________________ Fax:_______________________________

Email:___________________________________________________________________

Estimated
Number of students participating:__________ Grade level(s):_____________________

Number of classes (min. 6, max. 10):_______ Number of teachers participating :________

Eligibility Checklist!
Before you submit this form, please be sure:
1. You meet the eligibility requirements at the top of the form.
2. You have filled out the need for scholarship on page 2.
3. The Principal or Head of School has signed the bottom of page 2.

Posted October 15, 2015
Please explain how the scholarship will benefit your students. Attach additional sheets if necessary.

(The information below is for our own purposes and has no bearing on award of the scholarship)

Please indicate the percentage of students in each of the following categories:

African American:__________________
Asian American/Pacific Islander:________
Caucasian:__________________________
Latino:_____________________________
Native American:____________________
Other:______________________________

__________________________________________________________________________

Signature of Principal or Head of School                                             Date

Return completed forms to:
ExploraDome Scholarship Program
Bell Museum of Natural History
10 Church St SE
Minneapolis, MN 55455

Scan and email: exploradome@bellmuseum.org

Questions? Please call (612) 624-8146