



## 2017 FAMILY TO FAMILY PROGRAM APPLICATION

Dear Program Applicant,

The Catawba Science Center is pleased to invite qualifying families to apply for a free Family or Grandparent Level membership. CSC will award memberships to families who meet the requirements listed below to take advantage of membership benefits for a full year. The scholarship award is based on interest, need, and family income.

### ELIGIBILITY:

Open to families in the Catawba Valley region with documented financial need.

### REQUIREMENTS:

1. Successfully submit the 2017 Family to Family Program Application.
2. Provide documented proof of financial need. Documentation may include a letter or printout showing your participation in the free/reduced school lunch program for this past school year or a letter from an official social service agency. All information will be kept confidential.

### APPLICATION DEADLINE:

Applications will be reviewed on a first come, first served basis. Please return completed applications to PO Box 243, Hickory, NC 28603 or e-mail documents to [membership@catawbascience.org](mailto:membership@catawbascience.org). Scholarship recipients will be notified via e-mail within two weeks of receipt. Memberships are limited and will be awarded on a first come, first served basis and will be awarded until funds are used.

<b>FOR OFFICE USE ONLY</b>	<b>Notes:</b>
Date Received: _____ Date Approved: _____ Staff Signature: _____	_____ _____ _____ _____



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### FAMILY INFORMATION

*Please clearly print all information.*

Name (s) \_\_\_\_\_

Names & Birthdates of Children \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_ Gender  M  F

Does your family currently receive any of the following:

Free/Reduced Lunch     WIC/Food stamps     Unemployment

Other: \_\_\_\_\_

*\*Please submit documentation with your application.*

### REFERENCES

Please give three references who are not family members (friend, employer, neighbor, guidance counselor/ teacher, church leader, caseworker, etc.):

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

