Dear Program Applicant,

Catawba Science Center is pleased to invite qualifying families to apply for a free Family/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. Submit the Portal to Science Membership Application.
2. Provide documented proof of financial need. Documentation may include a copy of your Electronic Benefit Transfer (EBT) card or a WIC card/voucher.

APPLICATION DEADLINE:

Applications will be reviewed on a first come, first served basis until funds are used. Please return completed applications to PO Box 2431, Hickory, NC 28603 or e-mail membership@catawbascience.org. Scholarship recipients will be notified via e-mail within two weeks of receipt.

FAMILY INFORMATION

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PORTAL TO SCIENCE MEMBERSHIP APPLICATION

Please clearly print all information.

○ Mr.  ○ Mrs.  ○ Miss  ○ Ms.  ○ Other _________
Adult #1 Name ____________________________________________
Mailing Address ____________________________________________
City ____________________ State ______________ Zip ____________
Phone ____________________ E-mail ____________________________
○ Mr.  ○ Mrs.  ○ Miss  ○ Ms.  ○ Other _________
Adult #2 Name ____________________________________________
Full Name(s) & Birthdate(s) of Child(ren) _________________________________
___________________________________________________________________
___________________________________________________________________

Does your family currently receive any of the following:

○ EBT  ○ WIC
Other: ____________________________________________

*Please submit documentation with your application. Applications missing this information will not be considered.

REFERENCES

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

Name: ____________________________
Phone: ____________________________

Name: ____________________________
Phone: ____________________________

Name: ____________________________
Phone: ____________________________

ESSAY
In your own words, please tell us how a CSC membership would make a difference to you and your family, and be sure to include any ways your family plans to utilize your membership in the coming year. *NOTE: This portion may be completed by a parent, child, or an individual on the family’s behalf.

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