



## Cape Cod Children's Museum Scholarship Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Number, Street, and Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Annual Household Income: \$ \_\_\_\_\_  
(You may be asked to provide your most recent tax return)

Please list the name and date of birth of all immediate family members below:

Name of Family Member	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	

Continue →

It is important to the Cape Cod Children’s Museum that we award scholarships to families that will truly benefit from everything that we have to offer. Why are you interested in obtaining this scholarship and how do you plan on using it? (how often, with whom, what kind of activities do you prefer, etc.?)

If you receive the scholarship you will be encouraged to “Pay it Forward.” How might you be able to contribute your skills, interests, or talents to the museum or Cape Cod Community as a whole?

*This scholarship program has been generously funded by local businesses. If you receive the scholarship you will be asked to write a thank you note to the business who covered the cost of your membership.*

*If you have any questions, please contact Lisa Bates at [lbates@capecodchildrensmuseum.org](mailto:lbates@capecodchildrensmuseum.org). This application can be turned in at the museum, emailed, or mailed to:*

*577 Great Neck Road South  
Mashpee, MA 02649*