

**MOUNTAIN TOP SUMMER DAY CAMP
DBA Mountain Top Children's Museum
2021 Scholarship Program**

Date of Application: _____

PARENTS:

Mother's Name: _____

Address (Physical & Mailing): _____

Home Phone: _____ Work/Cell Phone: _____

Father's Name: _____

Address (Physical & Mailing): _____

Home Phone: _____ Work/Cell Phone: _____

CHILDREN:

Name: _____ D.O.B.: _____

Days Enrolled: _____

Name: _____ D.O.B.: _____

Days Enrolled: _____

Name: _____ D.O.B.: _____

Days Enrolled: _____

Total # of Children: _____ Total # of people in household: _____

Please explain any special circumstances:

EMPLOYMENT INFORMATION:

Mother's Employer: _____ Seasonal: YES or NO

of hours worked per week: _____

Estimated annual wages before taxes: _____

Father's Employer: _____ Seasonal: YES or NO

of hours worked per week: _____

Estimated annual wages before taxes: _____

CHECKLIST

- ___ Federal income tax return
- ___ Current W-2's from all employers
- ___ Current pay stubs from all employment
- ___ If self employed – financial statement
- ___ Employer verification form
- ___ Policy signature

*In order to be considered for a 2021 scholarship, we must consider any and all household income, whether or not your family is living together, married, or in any way contributing to household income. Please understand that we may ask for documentation regarding child custody, child support or other factors that affect your household income.

*Falsification of any of the above information, or use of Mountain Top Scholarship funds for purposes other than described herein, may lead to immediate termination of funding.

*In providing the above information, applicant(s) declares the same to be voluntarily furnished. Applicant(s) hereby grant the Mountain Top Children's Museum the right to request verification thereof through persons and/or entities disclosed. Applicant(s) declares the above information is true and accurate, and understood by the applicant(s).

*I authorize the Mountain Top Children's Museum to share pertinent information in order to better coordinate services for my child or children.

Parent Signature: _____ Date: _____

MTCM Executive Director Signature: _____

MOUNTAIN TOP SUMMER DAY CAMP
2021 Scholarship Program

EMPLOYMENT and INCOME VERIFICATION

To be completed by the EMPLOYEE:

I hereby grant permission to disclose my income to the Mountain Top Children's Museum in order that they may determine eligibility for childcare financial aid.

Employee Name: _____ Signature: _____

To be completed by the EMPLOYER:

The above signed employee has applied to the Mountain Top Children's Museum for childcare financial scholarships. The Mountain Top Children's Museum scholarship guidelines require employer verification of employment and income.

Please indicate below the employee's current income (including wages, tips, incentive pay, overtime, bonuses, commission or compensation received on a regular basis)

Income: _____

Bonuses, Tips, Commissions, Other: _____

Employment Schedule: _____ hrs/week: _____ hrs/year: _____

I hereby certify that the above information is true and complete to the best of my knowledge at this time.

Employer's Signature: _____ Date: _____

Name & Title: _____

Company: _____

Mailing Address: _____

Physical Address: _____

Please send to: Mountain Top
PO Box 4359
Breckenridge, CO 80424
970-453-7878
or
info@mnttopmuseum.org