

**MOUNTAIN TOP CHILDREN'S MUSEUM, INC.**  
**2020 Summer 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 2020 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 Children's Museum 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: \_\_\_\_\_

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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 Children's Museum  
PO Box 4359  
Breckenridge, CO 80424  
970-453-7878

