



The Charles M. Schulz Museum
Fee Assistance Application Form for Winter and Spring Classes

Name of Student: _____

Student's Date of Birth: _____ Student's Relationship to You: _____

Are You and the Student Part of the Same Household? _____

Parent/Guardian: _____ Phone Number: _____

Address: _____ Email Address: _____

City, State Zip: _____

Emergency Contact for child: _____ Phone Number: _____

For the child/children list any dietary restrictions, health conditions, or special needs that we should be aware of:

Fee assistance can be requested for a total of two classes per child, based on availability.

Desired Class: _____ Class Date(s) _____

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Amount of Fee Assistance Requested: ___25% ___50% ___100% ___Other: _____

Reason for requesting fee assistance: _____

**Please attach copies of supporting documents such as a recent Tax Return or pay stub.
Applications will not be considered without attached documents to support your request.**

The Schulz Museum awards fee assistance on the basis of need. Fee assistance spaces are limited. We therefore request that awardees please notify the Museum if they cannot attend a class so that their space can be awarded to another applicant.

I, the undersigned, certify that, to the best of my knowledge, the information presented in this application is complete and true.

Signature: _____

Print Name: _____ Date: _____

Please return at least TWO WEEKS before the date of the start of the requested class(es).

Return application to:

The Charles M. Schulz Museum/ Education Director
2301 Hardies Lane, Santa Rosa, CA 95403

Phone: (707) 579-4452 ~ Fax: (707) 579-4436 www.SchulzMuseum.org

<p><u>Office Use Only</u> Approved at _____% Amount Due _____</p>
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