



## GATEWAY TO PLAY MUSEUM SCHOLARSHIP

Ensuring all children have access to hands-on learning through the Power of Play!

Gateway to Play scholarships are available to families that experience challenges or barriers to participation at the Museum. Gateway to Play membership covers one year of unlimited admission for up to two adults and all children 18 years and younger living in one household OR up to two grandparents and all of their grandchildren.

Adult Name \_\_\_\_\_ Adult Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \* \_\_\_\_\_

*\*By providing your email address you are signing up to receive membership renewal notices and other Museum information.*

Child Name and Date of Birth \_\_\_\_\_ Child Name and Date of Birth \_\_\_\_\_

Child Name and Date of Birth \_\_\_\_\_ Child Name and Date of Birth \_\_\_\_\_

Child Name and Date of Birth \_\_\_\_\_ Child Name and Date of Birth \_\_\_\_\_

### GATEWAY TO PLAY ELIGIBILITY:

Please check at least one of the following services or programs your family has participated in over the past year:

- EBT (Electronic Benefits Transfer)
- Medical Assistance
- Free/Reduced School Meal
- WIC (Women, Infants and Children)
- Head Start
- Foster Care
- IEP (Individualized Education Program)
- Other – Please specify: \_\_\_\_\_

**DISCLAIMER:** I hereby release, waive, and discharge any and all claims or demands against – and covenant not to sue – the Museum, its directors, officers, and employees (“releases”) for injury or death, damage to property whether caused by the negligence of releases or otherwise, that arises or results from the use of facilities, services, or programs of the Museum. *Membership are non-transferable.*

**PHOTO RELEASE:** Your entrance into the Museum indicates your consent for us to use photographs of you and your child for educational and promotional purposes. *It is your responsibility to inform staff upon each visit if you do not wish to be photographed.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are able to make a contribution to cover a portion of your membership expense, it helps the Children’s Museum serve more families. Please indicate which of the following works best for you:

- \$25
- \$15
- \$10
- \$5
- Other amount
- Not at this time.



224 Lamm Street  
Mankato, MN 56001  
507.386.0279  
[www.cmsouthernmn.org](http://www.cmsouthernmn.org)

Please tell us how you found out about the Gateway to Play scholarship opportunity:

One of the most valuable ways to help sustain funding support for this program is to pass along stories or feedback shared by Gateway to Play member families to donors and grant funders. Please share a brief note about how participating at the Children's Museum is of value to your family

**TO COMPLETE THE APPLICATION PROCESS:**

Bring your completed form to the Museum front desk and stay to play! Gateway to Play Scholarship forms can also be submitted via mail or email to: [kim.kleven@cmsouthernmn.org](mailto:kim.kleven@cmsouthernmn.org)

Please allow 7 days for your application to process. After your membership form has been processed you will have the option of receiving a printed card or to download an e-membership card. Please indicate your preference at the Museum front desk at the time of your first visit to the Museum.

**If you have questions,** please contact [kim.kleven@cmsouthernmn.org](mailto:kim.kleven@cmsouthernmn.org)

**THANK YOU FOR BECOMING A GATEWAY TO PLAY MEMBER!**

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FOR OFFICE USE ONLY: Please initial: \_\_\_\_\_ Received/reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Check one:  New Membership  Renewed Membership

Application processed  Contribution recorded/deposited  Survey responses submitted to website

Card Printed and  Card Given/Mailed OR  E-card activated

**PLAY. IT'S WHAT WE DO.**



## GATEWAY TO PLAY MEMBERSHIP SCHOLARSHIP

Your efforts to complete this CONFIDENTIAL survey are appreciated. Demographic information collected from Gateway to Play members is used only in aggregate form to inform our efforts and communicate with funders.

Your Zip Code: \_\_\_\_\_

Your Gender Identity:

- Woman       Man       Other       Prefer not to say

Number of people living in your household: \_\_\_\_\_ Your Age: \_\_\_\_\_

Age(s) of Your Children: \_\_\_\_\_

What is the racial or ethnic identification of ALL people living in your household? (Please check all that apply):

- African American, African and/or Black       White, non-Hispanic  
 Native American or Alaska Native       Hispanic and/or Latino  
 Asian and/or Asian American       Native Hawaiian and/or other Pacific Islander  
 Other: \_\_\_\_\_       Prefer not to say

Please check each of the following that applies to your family:

- Another language beside English is spoken in our home. Please specify: \_\_\_\_\_  
 Member(s) of my family has limited ability or special needs. Please specify: \_\_\_\_\_  
 A parent in my household is currently serving in the military or is a Veteran of Military Service.

Please indicate the highest level of education you have completed:

- Not a high school graduate / No degree       Bachelor's degree  
 High school diploma / GED       Master's degree  
 Associate's degree       Ph.D.  
 Technical school degree       Prefer not to say

Please indicate your total yearly household income, before taxes:

- Under \$20,000       \$45,000 - \$49,999  
 \$20,000 - \$24,999       \$50,000 - \$54,999  
 \$25,000 - \$29,999       \$55,000 - \$59,000  
 \$30,000 - \$34,999       \$60,000 or over  
 \$35,000 - \$39,999       Prefer not to say  
 \$40,000 - \$44,999

**THANK YOU COMPLETING THIS SURVEY!**