



The Charles M. Schulz Museum Vacation Class Fee Assistance Application Form

Name of Child: _____ Grade Level: _____

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Desired Class(es): _____ Class Date(s): _____

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Fee assistance can be applied to a total of three classes.

Amount of Fee Assistance Requested: ___ 100% ___ 50% ___ Other: _____

Reason for requesting fee assistance: _____

Please attach copies of supporting documents such as a recent Tax Return or pay stub.

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 completed application THREE WEEKS before 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