



**Mobius Kids Scholarship Program**  
Membership & Class Application

**Adult Information:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Children under the age of 12:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**I am applying for a:**

Family Membership     Camp/Class

**I am requesting a:**

Partial Scholarship: I can contribute \$ \_\_\_\_\_     Full Scholarship

**Camp/Class Description:**

Camp/Class Name: \_\_\_\_\_

Date of Camp/Class: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Dependent children or family currently qualifies for:**

**\*MUST PROVIDE PROOF OF INCOME OR ASSISTANCE**

Free Lunch Program     Reduced Lunch Program

Number of persons in the household: \_\_\_\_\_ Annual household income: \_\_\_\_\_

Please send completed application to:

Mobius Kids

Attn: Susan Sullivan  
808 W. Main Ave. LL  
Spokane, WA 99201

Phone: 624-KIDS (5437)  
info@mobiusspokane.org  
Fax: 509-624-6453