Membership Scholarship Request

As Robeson County’s only Children’s Museum, the Exploration Station offers a wonderful opportunity for children to learn *while* they play. Parents and guardians are heavily encouraged to interact with their children so they, too, can join in the fun and learning. The Exploration Station provides play space and equipment for children birth through 8 years of age. The equipment in each exhibit is designed for children through 8 years of age to play on and or with during their time at the Exploration Station. We welcome your older children to assist younger siblings as they visit each of our exhibits

Admittance to the Exploration Station requires the purchase of a day pass or an annual membership.

We recognize that obtaining an annual membership or a day pass may be a hardship for many. Generous donations have offered Exploration Station the opportunity to provide scholarship memberships to families who qualify. Applicants should be advised that recipients of a scholarship membership are responsible for providing their own transportation to the Exploration Station. Completion of a Scholarship Request Form does not guarantee a family will be awarded a scholarship.

A membership begins on the date you are notified you are approved for a scholarship and ends the following year on the same date. A scholarship maybe requested by a family once every 3 years. Visits to the Exploration Station for the recipient and immediate family members are unlimited during the length of the membership.

Please complete the entire scholarship request and the Exploration Station application and return to:

Robeson County Partnership for Children, Inc.

Attn: Exploration Station

210 E. Second St.

Lumberton, NC 28358

You may also email the required information, request an electronic copy of the application, or submit any questions to: [dhall@rcpartnership4children.org](mailto:dhall@rcpartnership4children.org)

***WAIVER OF LIABILITY***. On behalf of myself, my personal representatives, my heirs, and my assigns I acknowledge that neither the Exploration Station nor any entity associated with it has obtained any medical or accident benefits insurance for persons coming upon the property of Exploration Station or using any of its services. I do hereby fully and forever release, discharge, and hold harmless the Exploration Station and the Robeson County Partnership for Children, hereafter collectively referred to as “Exploration Station”, from any and all claims for property damage or personal injury that may arise from any condition of the property of Exploration Station or any use of its services by myself or any family member for whom I have authority to act, including, but not limited to, any and all claims arising from the negligence or carelessness of Exploration Station in the maintenance or use of Exploration Station property. I acknowledge that there are risks inherent in providing services to children wherever those services might be rendered. I agree that I will not take any legal action (lawsuit or claim) against Exploration Station for damages (personal injury, death, property loss, or any other loss) sustained as a result of my exposure to any property of Exploration Station. I also agree to indemnify and hold the released parties harmless for any and all such claims, judgments, and costs, including reasonable attorneys’ fees, incurred in connection with any legal action brought by me, my agents, my heirs, or anyone else acting for me with respect to any claim made contrary to this waiver of liability.

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS AND RETURN THE COMPLETED SCHOLARSHP REQUEST AND MEMBERSHIP APPLICATION.**

**Thank you**

**Exploration Station Scholarship Request**

Name of Primary Responsible Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race (please circle one) Hispanic, Latino, American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian, Other Pacific Islander, White, Prefer not to answer.

Name(s) and Age(s) of Child (ren) to be included on membership: (Birth through 8 years)

\*If your scholarship is approved, you can choose to add older children as adult members up to the maximum of five allowed on the membership.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What is your relationship to each child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?
* Will you be able to provide and/or arrange transportation to the Exploration Station? \_\_\_\_\_\_\_\_\_\_\_\_

Please describe your current hardship and why your family should be awarded a membership scholarship to the Exploration Station. (You may attach a separate paper if more space is needed.)

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If the applicant is rewarded an annual membership, the family will be notified by email or by phone. An Exploration Station Membership will not be provided until we receive verbal confirmation. Once a staff member talks to you a Membership card for 1 year will be available for pick up.

*This section to be completed by RCPC Staff*

Date application received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff member receiving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN THIS PAGE TO THE EXPLORATION STATION**

*Data>Exploration Station>Forms>Revised Scholarship Request 2020*