

Wonder Fund Membership Application

The **Wonder Fund subsidized membership** serves families that have dependent children up to 8 years old. To obtain a Wonder Fund Membership, applicants must meet the following **criteria**:

- Children birth to 8 years old **must reside in the same household** with parent or legal guardian
- Applicant must meet the **income eligibility guidelines** for free meals as defined by the United States Health and Human Services (see chart below)
- The applicant must be a resident of **Clay, Cass, Jackson or Platte** county in Missouri, or **Johnson, Leavenworth or Wyandotte** county in Kansas

Income Eligibility Guidelines	
Effective through 2019	
2018-2019 School Year Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/Household	Poverty Guideline
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For families/households with more than 8 persons, add \$5,530 for each additional person.	

To apply for membership, submit **ONE** of the following **proof of income** documents with completed application:

- A copy of the **most recent income tax return** for **each adult** on the application, stating Adjusted Gross Income (AGI).
- OR -**
- A copy of the letter from your child's school or from the state indicating your child qualifies for the **free lunch program**.

You must **MAIL** your **COMPLETED APPLICATION**, attached **PROOF OF INCOME** and a **\$5 PAYMENT** to:

Wonderscope Children's Museum of Kansas City
5700 King Street
Shawnee, KS 66203

Wonderscope does not process Wonder Fund memberships on site. Your application will take approximately 2-3 weeks to process. If approved, your membership will be valid for one year from issue date and will be mailed to you. If denied, your membership application will be returned to you with an explanation, and you may reapply two months after decline date.



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DATE:

NAME OF ADULT ON MEMBERSHIP:

NAME OF 2ND ADULT ON MEMBERSHIP:

CURRENT ADDRESS:

CITY:

STATE:

ZIPCODE:

CONTACT PHONE NUMBER:

EMAIL ADDRESS:

TOTAL NUMBER IN HOUSEHOLD:

ETHNICITY (OPTIONAL):

NAMES AND BIRTHDATES OF DEPENDENT CHILDREN:

NAME OF CHILD'S SCHOOL:

HOW DID YOU HEAR ABOUT THIS PROGRAM?

HAVE YOU EVER BEEN A WONDERSCOPE MEMBER?
IF YES, WHEN DID IT EXPIRE?

IF YOU'RE A FULL-TIME COLLEGE STUDENT PLEASE INCLUDE:
NAME OF UNIVERISTY, ANTICIPATED GRADUATION DATE, DEGREE/MAJOR