

Lincoln Children's Museum



FAMILY MEMBERSHIP PROGRAM APPLICATION

WHAT IS THE HAVE A HEART FAMILY MEMBERSHIP PROGRAM?

The Have a Heart family membership program provides income-qualified families an annual membership to the Lincoln Children's Museum at a significantly reduced cost.

A Have a Heart family membership includes up to two adults and their dependent children (up to 18 years old) living in the same household.

HOW IS HAVE A HEART FUNDED?

The Have a Heart program is funded by donations from many individuals and organizations.

HOW DO I APPLY FOR HAVE A HEART FAMILY MEMBERSHIP?

1. Complete the Have a Heart application form.
2. Show proof of income to a museum representative. Applicants must submit *one* of the following:
 - ❖ A copy of the most recent income tax return (form 1040) for each adult on the application.
 - ❖ A copy of the letter from your child's school notifying you that your child qualifies for the free lunch program.
 - ❖ SNAP (Supplemental Nutritional Assistance Program) or TANF certification notice letter that shows dates of certification.
 - ❖ Please note: *SNAP card, Medicaid card, WIC folders, pay stubs or Social Security benefits will not be accepted as proof of income.*
3. Pay \$15.00 annual processing fee.

QUALIFYING HOUSEHOLD INCOME GUIDELINES

Income equal to or less than amount shown for family size

Family of 2	\$21,398
3	\$27,014
4	\$32,630
5	\$38,246
6	\$43,862
7	\$49,478
8	\$55,094
	Each add'l, add \$5,616

LINCOLNCHILDRENSMUSEUM.ORG

(402) 477-4000 ★ 1420 P STREET ★ LINCOLN, NE 68508

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HAVE A HEART FAMILY MEMBERSHIP PROGRAM APPLICATION

Submit this completed form along with proof of income to the Lincoln Children's Museum Welcome Desk.

ADULT INFORMATION

Adult #1: _____ Adult #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

CHILD INFORMATION

List only dependent children under age 18.

Name (First and Last)	Gender (Male / Female)	Birth Date (MM/DD/YY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIP AGREEMENT

By signing below, you certify that your household income is within the guidelines. Failure to provide accurate information may result in your membership being revoked. If at any time during your membership period your household income exceeds the above guidelines, you are no longer eligible for a Have a Heart membership. At that time you have the option to upgrade to a full priced membership.

Applicant Signature: _____ Date: _____

MUSEUM STAFF SECTION

Form of verification: _____ or High School applicant _____ Date: _____

Verified by: _____ Order #: _____ Amount received \$ _____

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