COMMUNITY PARTNERS APPLICATION for organizations and schools

Portland Children’s Museum mission: we collaborate to create transformative learning experiences through the arts and sciences. The Community Partners Program strives to increase and improve access to the Museum for children of all backgrounds and abilities through partnership and cooperation with local agencies and schools.

Institutions who qualify to join our Community Partners Program may receive:

- Reduced admission for pre-scheduled groups
- Donations of family and individual passes to the Museum
- Information on Museum programs and low-cost memberships for families
- Reduced fee for pre-scheduled evening and off-site programs for families and staff

Availability is limited, so those Partners that request resources first will get priority.

Once your application is received, you will be contacted by the Museum. If you have recent printed materials or calendars for your programs, please enclose these with your application. Questions about the application or program can be referred to our Sales Coordinator, at (503) 471-9911 or familyaccess@portlandcm.org.

Portland Children’s Museum is always looking to collaborate and share resources with agencies and schools serving families and children in the area. We look forward to hearing from you and welcome any ideas or suggestions.

Organization:

Program/Site:

Please attach the following to your application:

A copy of your organization’s mission statement

FOR NON-PROFITS:
  o A copy of your organization’s 501(c)(3)
  o A letter signed by your Director, on letterhead, requesting admission into the program

FOR SCHOOLS:
  o A letter signed by your Principal requesting admission into the program and confirming your Title I status.

THIS INFORMATION MUST BE PROVIDED TO BE CONSIDERED FOR THE PROGRAM.
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Contact: ___________________________ Title: ___________________________
Phone: ___________________________ E-mail: ___________________________
Address: __________________________________________________________
City: ___________________________ State: _______ Zip: _______
What is the best way to contact you? Phone Mail E-mail
Audience Served (size and ages): ___________________________

Answer any of the following questions that are applicable:

1) Does your organization or school receive special funding (Head Start, Title I, etc...)?

2) What percentage of your students qualify for free or reduced lunch?

3) What is your funding per child for recreation and fieldtrips each year?

4) Do you charge a fee or place restrictions on who can receive your services?

5) Are there other circumstances that make access to the Museum difficult for your families?

6) The Museum is seeking to improve our culturally-relevant services to diverse communities. Please provide the racial/ethnicity data your institution collects from students:

   ___% African, African American or Black
   ___% American Indian, Native American or Alaskan Native
   ___% Asian, Asian Indian or Asian American
   ___% Latino, Hispanic, Chicano or Latin American
   ___% Native Hawaiian, Filipino or Pacific Islander
   ___% White, Caucasian or European American
   ___% Multiple ethnicities specified

7) Is there any other information about your program you wish to share with us?

Please send completed applications to:

PORTLAND CHILDREN’S MUSEUM
Attn. Family Access
4015 SW Canyon Road
Portland, OR 97221
familyaccess@portlandcm.org
Tel.: 503.471.9914 Fax: 503.223.6600