



School/Organization Scholarship Applications

101 E. Beaufort St. Normal, IL 61761 • (309) 433-3444 • www.childrensdiscoverymuseum.net

Today's Date: _____

School/Organization: _____ Grade/Age: _____

Contact Person: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Scholarship funds are limited and museum staff will review applications on a case-by-case basis. The following information is necessary to make a determination of scholarship eligibility. Information given should be about the specific group/class of students who will be visiting the Children's Discovery Museum.

- 1. Number of Students in your group/class _____ Number of Teachers _____
 Number of Students in your group/class, which qualify for free or reduced lunches _____

REQUIRED: A letter or report confirming your qualification for scholarship funds.

- 2. Which program(s) are you applying for the scholarship funds?
 _____ Field Trip _____ Learning Lab _____ Field Trip with a Learning Lab _____ Museum in Motion (Outreach)

- 3. The scholarship fund can cover a percentage of your total costs.
 How much can you contribute to the field trip? \$ _____

Please write a brief statement describing what you hope the children will gain from their experience at the Children's Discovery Museum. _____

Return completed application to: Jenny Raisbeck

Mail: CDM Education Scholarship | Jenny Raisbeck
101 E. Beaufort St., Normal, IL 61761

E-mail: jraisbeck@normalil.gov • phone: (309) 433-3450 • Fax: (309) 451-3614