



# Family Programs Scholarship Applications

101 E. Beaufort St. Normal, IL 61761 • (309) 433-3444 • [www.childrensdiscoverymuseum.net](http://www.childrensdiscoverymuseum.net)

Today's Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*The following information is necessary to make a determination of scholarship eligibility. Information given should be about the household and/or child who will be attending a program at the Children's Discovery Museum. Our scholarship program covers up to 50% of program fees.*

Does your child qualify for free or reduced lunches at school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School: \_\_\_\_\_

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

Name of program you are apply for the scholarship funds?

Program Name: \_\_\_\_\_ Activity #: \_\_\_\_\_

Please write a brief statement describing what you hope your child will gain from their experience at the Children's Discovery Museum. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print name of applicant

\_\_\_\_\_  
Date

Return completed application to: Jenny Raisbeck, Outreach Educator

Mail: 101 E. Beaufort St., Normal, IL 61761

Fax: (309) 451-3614 • E-mail: [jraisbeck@normal.org](mailto:jraisbeck@normal.org) • phone: (309) 433-3450