



Museum Programming Scholarship Application

101 E. Beaufort St. Normal, IL 61761 • (309) 433-3444 • 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: _____

(Or, provide other documentation confirming your qualification for scholarship funds, such as a WIC, Link or SNAP card)

Name of program you are apply for the scholarship funds?

Program Name: _____ Date: _____

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

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