

For office use only:

Received by: \_\_\_\_\_ on \_\_\_\_\_

Approved by: \_\_\_\_\_ for \_\_\_\_\_%

# Financial Assistance Request Form

## Classes, Workshops, Camp

The Zimmer Children's Museum offers 50% and 100% scholarships for our programs for families who qualify! Scholarships are awarded based on the financial need of the child's family and the number of applicants.

**IMPORTANT: To be considered for financial assistance, you MUST include the following items (please, check ):**

- One (1) Completed Copy of this **Financial Assistance Request Form** (this form)
- One (1) Completed Copy of **Registration Form** for the program you'd like to participate in (classes, camp, etc.)
- One (1) Copy of **one** of the following eligibility or coverage notification letters with **current dates**:
  - IRS Tax Return
  - Section 8 / Public Housing
  - Children's Health Insurance Plan (CHIP), Medicaid
  - Free and Reduced School Lunch, WIC vouchers
  - Low Income Energy Assistance, Temporary Assistance For Needy Families (TANF)

	( _____ ) _____ - _____		
PARENT/LEGAL GUARDIAN NAME	PHONE #	E-MAIL	
HOME ADDRESS	CITY	STATE	ZIPCODE
CHILD(REN)'S NAME (First, Middle, Last)	BIRTHDATE	AGE	
1. _____	____ / ____ / ____	____	
2. _____	____ / ____ / ____	____	
3. _____	____ / ____ / ____	____	
<p>Please indicate all programs in which your child could participate (in order of preference).</p> <p style="font-size: x-small;"><i>Awards are determined by the need and availability of each class, workshop, and/or camp session. To maximize the possibility of your child's participation, please indicate all classes, workshops, and/or camp sessions that could work for your family.</i></p> <p>1. _____      3. _____</p> <p>2. _____      4. _____</p> <p>Please share with us the ways that participation in this program at the Zimmer Children's Museum will benefit your child?</p> <p>_____</p> <p>_____</p> <p>_____</p>			

**I, the undersigned, verify that the above and attached information is correct. I also understand my obligation to ensure the recipient's attendance in any program for which they receive financial assistance.**

**X** \_\_\_\_\_  
**PARENT/LEGAL GUARDIAN SIGNATURE**      **DATE**

*All requests and information submitted to the Zimmer Children's Museum are confidential and only used to determine scholarship eligibility. The Zimmer Children's Museum will not share or use your information for any purpose. **Incomplete application will NOT be considered.***