



Discovery Museum
 4450 Park Avenue
 Bridgeport, CT 06604
 (203) 372-3521
 discoverymuseum.org

Discovery Museum Summer Financial Aid Application

It is our hope that families and individuals will never be denied participation in Summer Programs due to financial hardships. Our Financial Aid Committee has limited scholarship funds available for those families demonstrating the need for assistance. We understand that asking for financial help can be challenging so we have tried to make the process as easy, confidential, and as fair as possible.



Hands-on Exhibits



Special Events



Science on a Sphere



Public Programs



Henry B. duPont III Planetarium



Educational Programs



Challenger Learning Center



Fairfield County's
 Museum for
 STEM learning fun



Please complete and return the enclosed form before May 1, 2017. The following items are required:

1. Latest four (4) pay stubs
2. Copy of your 2016 income tax returns for everyone in household
3. W-2 Forms for everyone in household who received one
4. Completed financial application
5. Completed Summer Program Registration Form
6. Personal reference or letter from church or agency verifying your particular situation

Applications without complete documentation cannot be considered. Additional documentation may be required. The Museum does not award 100% of program cost. Families will be responsible for at least a portion of the program cost.

Send all information to:

Discovery Museum Summer Program

4450 Park Avenue

Bridgeport, CT 06604

Attention: Financial Aid Committee

Any questions can be directed to: Robin Keller (203) 372-3521, ext. 117



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The Discovery Museum Summer Program Financial Aid Application

Personal Information

1. Child's Name _____

Male _____ Female _____ Grade as of September 2017 _____ Birthdate _____

2. Child's Name _____

Male _____ Female _____ Grade as of September 2017 _____ Birthdate _____

3. Child's Name _____

Male _____ Female _____ Grade as of September 2017 _____ Birthdate _____

1. Parent's/Guardian's Name _____

Home Address _____

City _____ Zip Code _____

Email: _____

Telephone Number(s) _____

Best Time To Call _____

Occupation _____

Business Address: _____

City _____ Zip Code _____

2. Parent's/Guardian's Name _____

Home Address _____

City _____ Zip Code _____

Email: _____

Telephone Number(s) _____

Best Time To Call _____

Occupation _____

Business Address: _____

City _____ Zip Code _____

Parent's Marital Status: Married _____ Divorced _____ Single _____ Separated _____ Widowed _____



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Please list all other persons (adults & children) living at home but not listed above:

1. Name _____

Age _____ Relationship _____

2. Name _____

Age _____ Relationship _____

3. Name _____

Age _____ Relationship _____



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Financial Information

Check one: Own Home _____ Rent _____

Eligible for SNAP (Food Stamp) Program Yes _____ No _____

Are there any special circumstances of which we should be aware of? _____

Monthly Income and Assets	Parent/Guardian # 1	Parent/Guardian # 2
Gross Earned Income Reported, Tax Year Ended 2016		
Alimony and/or Child Support		
Workmen's Compensation and/or Unemployment		
Welfare		
Food Stamps		
Social Security and/or Pension		
Interest, Dividends, Rent, Annuities, Insurance		
Financial Support from Relatives and/or Others		
TOTAL Monthly Income		
Savings		
Investments		
Make/Year of each auto owned		

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Monthly Expenses	Parent/Guardian # 1	Parent/Guardian # 2
Mortgage Payment		
Monthly Rent		
Tuition @		
Electric		
Telephone		
Heating Oil/Gas		
Gasoline		
Car Payment(s)		
Groceries/Food		
Medical Bills/Insurance		
Child Care		
Alimony		
Child Support		
Other- Please explain		
TOTAL Monthly Expenses		

Please note:

1. Applicants are required to pay fees by using cash, check or credit card.
2. Summer program payment must be paid in full before June 9, 2017
3. Scholarships are not renewed automatically; new applications must be submitted each year.
4. All materials will be kept in strict confidence. Additional information may be requested.

I declare that all of the information contained in this form is correct and complete to the best of my knowledge. I understand that I am responsible for paying the tuition balance by the agreed upon date.

 Parent/Guardian Signature # 1 Date

 Parent/Guardian Signature # 2 Date