

Youth Programs Scholarship Application

Contact Information:

Parent/Guardian Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Participant Name	
Participant Name	
Participant Name	

Select Program Type:

- Fall Weekend Workshop
 Spring Weekend Workshop
 Summer Day Camp

Request for Funding:

Annual Household Income: \$ _____

- Attach a photocopy of a recent paystub or recent W2 form for annual income verification

50% scholarship

100% scholarship

Total Scholarship Requested for All Participants: \$ _____

PLEASE NOTE: Scholarship Funds are limited. Maximum scholarship per child, per year is \$500.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Please return this application and registration form to:

Denver Museum of Nature & Science -Reservation Dept.
 2001 Colorado Blvd.
 Denver CO 80205