



D. Program Participants

Name of Parent/Guardian:

Name of Child(ren):
 A. _____
 B. _____
 C. _____

Address: _____

Phone (Day) _____ (Evening) _____

Please list other dependent children under the age of 18 or other family members:

E. Service requested - Please check all that apply:

- Family Museum Membership (only the Family Membership level is supported) Fee: \$85
- Class _____ Fee: _____
- Cass _____ Fee: _____
- Cass _____ Fee: _____

F. Payment Schedule

Portion parent/guardian able to pay \$ _____

Parent/Guardian must pay the remaining fee for classes and/or memberships in a timely manner.

Total assistance requested: \$ _____

G. Parent/Guardian support

- Yes No I agree to pay my part of the class fees upon notification of assistance approval.
- Yes No I understand that my membership will not become active until my portion of the payment is received.
- Yes No If granted tuition support, are you committed to seeing that your student is in regular attendance in _____ class?
- Yes No Do you understand that if a student accepting assistance does not attend classes regularly, you may not be considered for assistance in the future?

H. Parent/Guardian Signature:

I. _____ II. _____ Date: _____

OFFICE USE:

Application received: _____ Amount awarded: _____ Notification letter sent: _____ Enrollment date: _____
 Processed by: _____