



Scholarship Request

Name: _____

Address: _____
Street Address

City State Zip

Phone: _____

Email: _____

Today's Date: _____

Amount able to pay: _____

Purpose of Request (please check one)

- Field Trip
- Admission Passes
- Program or Class
- Family Membership
- Other (please state) _____

Please use the space below to share one or two sentences that summarize why you are seeking scholarship dollars for your group. May continue on the back if needed.

For office use only: Date request received _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount awarded: _____ Date Notified _____ Executive Director Signature _____

Please return the form to: **Children's Museum of Fond du Lac**
51 Sheboygan Street
Fond du Lac, WI 54935

Or Fax: 920-929-0707