



Passport to the World

Every Child, Every Family Request Form

Name: _____

Address: _____
Street Address

City State Zip

Phone: _____

Email: _____

Today's Date: _____

Amount able to pay: _____

Purpose of this 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. You may continue on the back side if needed.

For office use only:

Date request received _____ Date notified _____

Approved: Yes No If yes, amount awarded: _____

Executive Director Signature _____

Please return this form to: Children's Museum of Fond du Lac
75 W. Scott Street
Fond du Lac, WI 54935