zimmer children's museum
Playing our Way to a Better World

For office use only:
Received by: _____ on _____
Approved by: _____ for _____%

Financial Assistance Request Form

Classes, Workshops, Camp

The Zimmer Children's Museum is pleased to offer 50% and 100% scholarships for our classes.
Scholarships are awarded based on the financial need of the student's family and the number of applicants.

IMPORTANT: To be considered for financial assistance, please include the following items:

- ☐ **One (1) Completed Copy of Financial Assistance Request Form**
- ☐ **One (1) Completed Copy of Registration Form**
- ☐ **One (1) Copy of your most recent Income Tax Return <u>OR</u> One (1) Copy of your most recent EBT Card**

_____ _____ _____
CHILD'S NAME (First, Middle, Last) BIRTHDATE AGE

_____ _____ _____
CHILD'S NAME (First, Middle, Last) BIRTHDATE AGE

_____ _____ _____ _____
HOME ADDRESS CITY STATE ZIPCODE

_____ _____
PARENT/LEGAL GUARDIAN NAME DAYTIME PHONE #

Which adult assumes responsibility for the child? ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN ☐ OTHER _____

Please indicate all sessions in which your child could participate (in order of preference):

Awards are determined by the need and availability of each class, workshop, and/or camp session.
To maximize the possibility of your child's participation, please indicate all classes, workshops, and/or camp session that could work for your family.

1._____ 2._____

3._____ 4._____

Please provide additional information that you would like for us to consider when we review your application:

_____

_____

_____

_____

I, the undersigned, verify that the above and attached information is correct. I also understand my obligation to ensure the recipient's attendance in any program for which they receive financial assistance.

_____ _____
PARENT/LEGAL GUARDIAN SIGNATURE **DATE**

All requests and information submitted to the Zimmer Children's Museum are confidential and only used to determine financial need.
The Zimmer Children's Museum will not share or use your information for any purpose, other than to determine you Financial Assistance eligibility.
Incomplete applications will not be considered.

Mail form to: Zimmer Children's Museum
Attn: Maria Palazzolo
6505 Wilshire Blvd. Suite 100
Los Angeles, CA 90048

For questions contact: Maria Palazzolo
323-761-8994
Maria@zimmermuseum.org
FAX: 323-761-8990