



101 E. Beaufort St., Normal, IL 61761 • www.ChildrensDiscoveryMuseum.net • (309) 433-3444

School/Organization Scholarship Applications

Today's Date _____

School/Organization _____ Grade/Age: _____

Contact Person: _____ Phone #: _____

Mailing Address _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

*Scholarship funds are limited and museum staff will review applications on a case-by-case basis.
The following information is necessary to make a determination of scholarship eligibility.
Information given should be about the specific group/class of students who will be visiting the
Children's Discovery Museum.*

1. Number of Students in your group/class _____ Number of Teachers _____
Number of Students in your group/class, which qualify for free or reduced lunches _____
(Please provide a letter or report confirming your qualification for scholarship funds.)

2. Which program(s) are you applying for the scholarship funds?
_____ Field trip _____ Learning Lab _____ Museum in Motion (Outreach)

3. The scholarship fund can cover a percentage of your total costs.
How much can you contribute to the field trip? \$ _____

Please write a brief statement describing what you hope the children will gain from their experience at the
Children's Discovery Museum. _____

Return completed application to: Bethany Thomas, Education Manager
Mail: 101 E. Beaufort St., Normal, IL 61761
Fax: (309) 451-3614 • E-mail: bthomas@normal.org • phone: (309) 433-3449