



Financial Assistance Application for **Individuals**

Dear Parent/Guardian:

The following is a scholarship application for The Maritime Aquarium's Summer Programs, After-School, and Winter/Spring Vacation Programs. Your child must be eligible for the school free or reduced lunch program to qualify for financial assistance. Please include either your Connecticut free/reduced lunch acceptance form or have the school's principal write a letter attesting to your child's participation in this lunch program and send it in with this form.

Parent's Name _____ Child's Name _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate # _____ E-Mail _____

Name of Desired Program (refer to our web site for details) _____

Date/Session # _____

What are you able to pay? _____

Please have *your child* write a sentence below in *his/her own words and handwriting* expressing why he/she would like to come to this particular program (spelling is not important).

Please send this application, copy of free/reduced lunch form, plus the program registration form to Financial Assistance, Education Department, The Maritime Aquarium at Norwalk, 10 North Water Street, Norwalk CT, 06854 or fax to (203) 852-8892.

We will notify you regarding available subsidy as soon as possible.

Thank you.

Sincerely,

The Education Department