



## Discovery Science Center Summer Financial Aid Application

It is our hope that families and individuals will never be denied participation in Summer Programs due to financial hardships. Our Financial Aid Committee has limited scholarship funds available for those families demonstrating the need for assistance. We understand that asking for financial help can be challenging so we have tried to make the process as easy, confidential, and as fair as possible.

**Please complete and return the enclosed forms by Monday May 12th, 2025.** The following items are required:

1. Latest four (4) pay stubs
2. Copy of your 2024 income tax returns for everyone in household
3. W-2 Forms for everyone in household who received one
4. Completed financial application
5. Completed Summer Wish List
6. Personal reference or letter from clergy or agency verifying your situation (may NOT be from a family member)

***Applications without complete documentation will not be considered.*** Additional documentation may be requested. The Science Center does not award 100% of program cost. Families will be responsible for at least a portion of the program cost.

Send all information to:

Discovery Science Center  
Attn: Summer Financial Aid Committee  
4450 Park Avenue  
Bridgeport, CT 06604

Any questions can be directed to: [education@shudiscovery.org](mailto:education@shudiscovery.org).

**4450 Park Avenue • Bridgeport, CT 06604 • 203.416.3521 • [www.shudiscovery.org](http://www.shudiscovery.org)**

*The Discovery Museum, Inc. is designated by the Internal Revenue Service (IRS)  
as tax-exempt as defined in section 501(c)(3) of the IRS code.*



## The Discovery Science Center Summer Program Financial Aid Application

### Personal Information

1. Child's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade as of September 2025 \_\_\_\_\_  
Birthdate \_\_\_\_\_

2. Child's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade as of September 2025 \_\_\_\_\_ Birthdate \_\_\_\_\_

3. Child's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade as of September 2025 \_\_\_\_\_ Birthdate \_\_\_\_\_

1. Parent's/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Best Time To Call \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Parent's/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Best Time To Call \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

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Please list all other persons (adults & children) living at home but not listed above:

1. Name \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_

### Financial Information

Check one: Own Home \_\_\_\_\_ Rent \_\_\_\_\_

Eligible for SNAP (Food Stamp) Program Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any special circumstances of which we should be aware? \_\_\_\_\_

Monthly Income and Assets	Parent/Guardian # 1	Parent/Guardian # 2
Gross Earned Income Reported, Tax Year Ended 2024		
Alimony and/or Child Support		
Workmen's Compensation and/or Unemployment		
Welfare		
Food Stamps		
Social Security and/or Pension		
Interest, Dividends, Rent, Annuities, Insurance		
Financial Support from Relatives and/or Others		

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TOTAL Monthly Income		
Savings		
Investments		
Make/Year of each auto owned		

Monthly Expenses	Parent/Guardian # 1	Parent/Guardian # 2
Mortgage Payment		
Monthly Rent		
Tuition (amount and institution)		
Electric		
Telephone		
Heating Oil/Gas		
Gasoline		
Car Payment(s)		
Groceries/Food		
Medical Bills/Insurance		
Child Care		
Alimony		
Child Support		
Other- Please explain		

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TOTAL Monthly Expenses		

Please note:

1. Applicants are required to pay fees by using cash, check or credit card.
2. Summer program payment must be paid in full **before** June 12, 2025 or spots will be forfeited
3. Scholarships are not renewed automatically; new applications must be submitted each year.
4. All materials will be kept in strict confidence. Additional information may be requested.

I declare that all of the information contained in this form is correct and complete to the best of my knowledge. I understand that I am responsible for paying the tuition balance by the agreed upon date.

\_\_\_\_\_  
 Parent/Guardian Signature # 1 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature # 2 \_\_\_\_\_  
 Date



## Summer Wish List

Please indicate which programs you would like to apply for. Please complete this form for each of your children separately.

Name of Child \_\_\_\_\_ Grade Entering Fall 2025 \_\_\_\_\_

Programs for consideration:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.