



11 Center Street, P.O. Box 6243, Rutland, Vermont 05701, 802-282-2678, www.wonderfeetkidsmuseum.org

## FINANCIAL AID APPLICATION

Financial aid is available on a limited basis. The amount provided is determined by family need and the amount of aid remaining at the time Wonderfeet Kids' receives your application. Registration is advised prior to financial aid approval as space may be limited .

**PROGRAM SESSION DATE(s):** \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

**Please answer all questions on this form. This helps us grant financial aid quickly and fairly.**

**If you have questions, please call Wonderfeet Kids' Museum at 802.282.2678. Thank you!**

1. Does your child receive free/reduced cost lunch at her school? No \_\_\_ Yes: Free lunch \_\_\_ Yes: Reduced lunch \_\_\_

2. Do you receive support from the Department of Children & Families, Economic Services Division (ESD)?  
This includes Food Stamps and TANF support. No \_\_\_ Yes: 3SquaresVT \_\_\_ Yes: Reach Up \_\_\_

3. What is your monthly household income? \$ \_\_\_\_\_

4. How many household members are dependent on this income? # \_\_\_\_\_

5. How many of these household members are under 18 years of age? # \_\_\_\_\_

6. Please check all that apply:

One or more family members have a disability or have been ill

One or more adults is unemployed or under-employed

Financial difficulty related to divorce or separation

One or more adults is a college student or studying for a GED

Debt payments that are difficult to meet

Mortgage is more than 30% of income

Credit card payments

Student loan debt

We cannot afford the tuition without help

7. Is there anything else you would like us to know in determining financial assistance? (Please use the back of this form.)

**ALL QUESTIONS ON THIS FORM MUST BE ANSWERED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.**

**Applying as early as you can is helpful. Please call us if you have any questions about your application.**

What is the **maximum** you feel you could pay towards the total fee? **Although we cannot guarantee financial assistance will equal your request, you must answer this question in order for us to process your application.** \$ \_\_\_\_\_

We ask for a deposit of \$50.00 when you submit your application. If you are unable to afford this the full \$50, please circle what you can afford to pay as a deposit. Please circle one: \$0 \$5 \$10 \$20 \$30 \$40

Please include your deposit when you submit this form. Please make checks out to **Wonderfeet Kids' Museum**. Mail or deliver to the address above.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**All information on this form will be kept confidential and will be used solely to determine financial aid award.**