

The Microsoft Young Innovators Scholarship Fund is a need-based scholarship opportunity, targeting children and youth who would otherwise lack the resources to participate in the Museum's summer program. Please encourage your interested students to apply. Scholarship aid is available for 75 - 90% of tuition. (Families are asked to contribute the balance -- although exceptions may be made for cases of extreme need.)

PERSONAL

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Secondary Phone: _____

E-mail Address: _____ Date of Birth: _____

EDUCATIONAL

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ Current Grade: _____

Interests/Activities: _____

Have you attended a Museum of Science educational program before? Yes ___ No ___ (If Yes, when: _____)
Please attach an additional page with a brief statement about what you hope to learn from your Museum experience.**Parent Information**

Parent's Marital Status: _____ Total Number in Household: _____

PARENT 1 – Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work/Cell Phone: _____ Email: _____

Employer: _____

PARENT 2 – Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work/Cell Phone: _____ Email: _____

Employer: _____

Total Annual Household Income: ___ Below \$25,000 ___ \$25,001- \$35,000 ___ \$35,001- \$45,000
___ \$45,001 - \$55,000 ___ \$55,001 - \$65,000 ___ \$65,001 - \$75,000 ___ Over \$75,000

As a family, we can afford to pay: ___ 50% ___ 25% ___ 20% ___ Less than 20% (If less than 20%, please explain)

Have you received a scholarship from the Museum of Science before? Yes ___ No ___ (If Yes, when: _____)
Please attach an additional page with a brief statement stating why your child should be considered for financial assistance.

Course selection #1 _____

Alternate selection _____

Alternate selection _____

Course selection #2 _____

Alternate selection _____

Alternate selection _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Please return form to Courses Office

Fax: 617-589-0308

Or by mail:
Courses
Museum of Science
Science Park
Boston, MA 02114