



NEED-BASED SCHOLARSHIP APPLICATION

The objective of this fund is to allow qualified students the opportunity to participate in a program that would not be accessible to them without financial assistance. *(The applicant's eligibility is not affected by the request for scholarship).*

The following information is to be completed by a parent or guardian and is required as a basis for deciding tuition scholarships. All information will be considered confidentially. Once completed please email to scholarships@sheddaquarium.org.

Applicant's Name: _____
Last First Middle

Name of Shedd experience: _____

How much is your family able to contribute to your child's participation in this Shedd experience? \$ _____

Father's (or legal guardian) Occupation: _____

Place of Employment: _____

Mother's (or legal guardian) Occupation: _____

Place of Employment: _____

Total Family Income for last year: _____

Projected Family Income for the current year: _____

TO THE PARENT OR GUARDIAN

Please explain why you are seeking financial assistance. Include the number of family members in the household who are supported financially; number of children in college or private schools; special circumstances such as high medical bills or unemployment; and other pertinent information.

Print or type in the space on the back of this sheet or in an attached letter.