



74 Main Street
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 mainediscoverymuseum.org

Financial Aid
 Application must
 Be received
4 weeks prior to
 beginning of Program!

APPLICATION FOR FINANCIAL AID

Child(ren) Name(s) _____

Date(s) of Birth: _____

1. Parent/Guardian: _____ Phone# _____

Address: _____ Email: _____

Name & Address of Employer: _____

2. Parent/Guardian: _____ Phone# _____

Address: _____ Email: _____

Name & Address of Employer: _____

Please check which program/membership you are applying for:

Household Membership

You and Me Membership

Summer Camp (limited to 2 weeks)

Date(s) of program: _____ Total Cost of program/membership: _____

Financial Information

Number of children in family who you claim as dependents _____

Taxable household income from last year's tax form _____

This year's projected taxable income for your household _____

Have you previously received financial aid from MDM? _____

If yes, please explain _____

Please attach CURRENT documentation of financial need (REQUIRED). (Copy of DATED documents that show you are currently eligible for or receiving another form of financial aid. For example: Free/Reduced lunch letter from child's school or MaineCare letter from State of Maine. **We do not accept MaineCare card as documentation.** Maine Discovery Museum reserves the right to request additional information.

 Parent Signature

 Date

Museum Use Only

Patron # _____ Amt.: _____ Source: _____ Date: _____
 Authorization: _____

SALE NUMBER _____ **ENTERED DATE** _____ **STAFF** _____