



**Museum of Northern Arizona**  
**Discovery Youth Scholarship Application**

Year for which you are applying: \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Total number of household family members: \_\_\_\_\_

Total annual income of supporting parent/guardian(s): \_\_\_\_\_

In order of preference, please list Discovery program titles and dates:

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

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

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

*If your child is old enough, please have them fill out the rest of the application*

Please share some of your child's interests, talents, past experiences, and accomplishments:

Why would your child like to participate in these MNA Discovery programs?

Additional information you would like to share with the selection committee?

**I declare that the information provided on this form is honest, complete, accurate, and current.**

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**Parent/guardian signature**

**Date**

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For office use: Accepted: \_\_\_\_\_ Date awarded: \_\_\_\_\_ Applicant notified: \_\_\_\_\_

Amount and Program: \_\_\_\_\_

Amount and Program: \_\_\_\_\_

Amount and Program: \_\_\_\_\_

Total Award: \_\_\_\_\_