



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.

Parent/guardian signature

Date

For office use: Accepted: _____ Date awarded: _____ Applicant notified: _____

Amount and Program: _____

Amount and Program: _____

Amount and Program: _____

Total Award: _____