



AMERICAN MUSEUM OF NATURAL HISTORY

YOUTH INITIATIVES: EDUCATION DEPARTMENT TUITION AID APPLICATION FORM

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

The Museum provides tuition assistance on a limited basis to those who are genuinely in need. Please complete the following questions completely, honestly and accurately to help us evaluate your financial need. One form per student. We **cannot consider** applications with incomplete or unexplained items. Please print clearly. This information will be kept confidential and only shared among staff within the Education Department of the Museum as necessary to assess need and award tuition assistance.

Name of Program Applying to: _____

Dates of Program: _____

Student: Last Name: _____ First Name: _____ Date of Birth: _____

With which parents or guardians does the student live? _____

Parent/Legal Guardian (1):

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Relationship to student: _____

Parent/Legal Guardian (2):

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Relationship to student: _____

Please be reminded that we cannot consider applications unless the following items are completed and the requested documentation provided.

HOUSEHOLD INFORMATION

PUBLIC ASSISTANCE

Does your household receive any forms of public assistance? Please check all that apply.

- ☐ None ☐ Section 8 housing ☐ Food Stamps ☐ Unemployment ☐ Social Security ☐ Temporary Assistance for Needy Families (TANF)
☐ Other (Please explain below or on a separate sheet):

ANNUAL HOUSEHOLD INCOME

Is the student's parent or legal guardian, an employee of the American Museum of Natural History?

☐ Yes ☐ No

Annual (joint) income* of Parent(s)/Legal Guardian(s): _____

* "Annual joint income" is the joint income earned after taxes (including, but not limited to, wages, interest and dividends, income from property).

If Parent(s)/Legal Guardian(s) are living in separate households, please supply information for both.

DEPENDENTS

Total Number of Dependents** _____

Number of Dependent Children _____

** "Number of dependents" is defined as the number of people who are financially supported by the parent(s) or custodial guardian(s).

VERIFICATION OF INCOME DOCUMENTATION

Please attach a copy of one or more of the following, with all Social Security or Individual Tax ID Numbers *blacked out*.

† Income Tax Return (Household annual adjusted Income found on line 37 or IRS form or line 21 on 1040A)

† Electronic Benefit Transfer (EBT)

† Other Forms of Public Assistance

† Current pay stub

† Letter from Employer verifying weekly, monthly or annual income

† Unemployment benefit verification (past or current)

† Please explain anything else we should consider in assessing your request for tuition assistance _____

CERTIFICATION

I (We) certify that the information on this form is complete and correct to the best of my (our) knowledge

Parent/Legal Guardian #1 Signature: _____ Date: _____

Parent/Legal Guardian #2 Signature: _____ Date: _____

MAILING INSTRUCTIONS

When submitting your document you may choose one of the following methods:

1. Email - Scan Tuition Aid Application Form, along with the verification of income form(s) and email to svalvano@amnh.org
2. Regular Mail - Mail Tuition Aid Application Form, along with the verification of income form(s) to:

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