



Roberson Museum and Science Center Student Financial Aid Form

All information is confidential

I. Parent/Student Data

A. Student Name _____	Soc. Sec. # _____	Phone _____
Address _____		City/State/ZIP _____
Names and ages of other siblings living at home: _____		
Father's Name _____		Mother's Name _____
Address _____		Address _____
Phone (h) _____ (w) _____		Phone (h) _____ (w) _____
Occupation _____ Annual Income _____		Occupation _____ Annual Income _____
Married _____ Separated _____ Divorced _____		Married _____ Separated _____ Divorced _____
B. Is this student eligible at his/her school for: Free Lunch _____ Reduced Lunch _____ Other _____ If Other (explain) _____		

II. Resources

A. Student bank account balance	_____
B. Parents IRS 2006 gross adjusted income	_____
C. Other non-taxable income	_____
D. Do you rent _____ or own _____ a house?	Estimated Value _____
E. Are you a Binghamton Resident applying for Financial Assistance? (circle one)	YES NO

III. Financial Aid Request

A. Title of Course for which aid is requested _____	Class Fee _____
List date and session you are applying for _____	
B. What amount are you financially able to contribute to the program fee?	_____
C. Total amount of Financial Aid you are requesting	_____
D. Other sources where the student may seek aid: _____	
E. On the back of this sheet please write one or two paragraphs explaining the need for financial aid.	

This form must be completed in full to be considered for financial aid. Thank you.

I certify that all information provided is correct: Signed _____ Date _____
Parent/Guardian

Return To: Roberson Museum, Public Programs, 30 Front St., Binghamton NY 13905
Questions, Call the front desk: 607-772-0660 (local) or 1-888-269-5325 (toll free)