

Adventure Assistance Program Letter of Request - INDIVIDUAL

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

I am requesting admission assistance to the Adventure Science Center for myself and up to four (4) members of my immediate family living in the same household.

Family Member Name(s)	Age (of children)
_____	_____
_____	_____
_____	_____
_____	_____

I understand that:

- Adventure Science Center is a 501(c)(3), non-profit organization and as such charges admission in order to self-support our exhibits, programs, outreach and operations.
- The Adventure Assistance Fund was developed to provide financial assistance to economically disadvantaged individuals and groups in our community so that they have the opportunity to experience the joy of interactive learning at Adventure Science Center.
- Requests to subsidize individual or family admission will be considered based on available funding.
- The science center actively solicits contributions from individuals, corporations, and foundations for the exclusive purpose of offering this program. Therefore, it must accurately document the need of those receiving the fund's support.
- To qualify for admission assistance, applicants must show proof of participation in TN Benefit Security Card program, Medicaid program or WIC program the day of their visit.
- The Adventure Assistance Fund will cover the general admission cost of a qualifying individual and up to four (4) qualifying immediate family members.
- I will be notified within two weeks (upon receipt of your letter of request) if the science center is able to provide admission assistance. A date for my visit will be scheduled once funding has been approved. Tickets will be waiting for me at the front desk.

Signature _____ Date _____

Please mail or fax completed form to:

Adventure Science Center
ATTN: Adventure Assistance Program
800 Ft. Negley Boulevard
Nashville, TN 37203
FAX (615) 862-5178

We look forward to your visit!

