

Flying Deer Nature Center Scholarship Application

Deadline for submission: Three weeks before program start date.

Please mail to Flying Deer Nature Center, 5 Abode Rd., New Lebanon, NY 12125.

All applicants are given equal consideration without regard to race, creed, or sexual orientation. Completed forms received by deadline will be sent to the Financial Aid committee, to be reviewed within 2 weeks of application deadline. The committee, comprised of FDNC board members, reviews applications according to our Financial Assistance policy and makes a determination. You will receive written notice of award within 3 weeks of application deadline. Scholarship recipients are requested to volunteer between 5 and 10 hours of work for our December mailing, our spring fundraiser and/or our summer camp workday.

Child/Adolescent or Adult Participant's Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

[For children/adolescents only: DOB _____ Age _____ M F (circle one)]

New Participant Returning Participant

List each parent or guardian (or self if Adult Participant) who is fiscally responsible for program fees:

First Name _____ Last Name _____

Relationship to participant: Mother Father Self Other _____

Job Title _____ Employer _____

E-mail Address _____

First Name _____ Last Name _____

Relationship to participant: Mother Father Self Other _____

Job Title _____ Employer _____

E-mail Address _____

Monthly household income (including child support) _____

Number of children in household _____ Number of adults in household _____

What program(s) do you or your child wish to attend? _____

Please indicate how much assistance you require in order to attend: _____

Why do you need financial assistance? Please explain any circumstances you would like the committee to consider when reviewing your application.

Why is it important for you or your child to attend this program? What do you hope you/your child will gain from the experience?

I have read and completed this form to the best of my ability and certify that all information included is accurate.

Signature of Parent/Guardian/Adult Participant:

_____ Date _____