

Ventana Wildlife Society Education Program Scholarship Application

Participant's Name: _____

Guardian's First: _____

Guardian's Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #'s: _____

Email: _____

Has family received a VWS scholarship in the past? Y N

Do you qualify for the free/reduced meals at your child's school? Y N

Child lives with: Both parents Mother only Father only Guardian

Number in household under the age of 18: _____

Total number of dependents on household income: _____

Total annual household income: _____

(Please remember to include income from salaries, investments, Social Security, Unemployment, Disability, Child Support, AFDC and any other sources)

Program fee: _____

Amount you can pay: _____

Amount from other sources: _____

Amount requested: _____

Statement of Need

Please specify in the space below current conditions that make financial assistance necessary (additional space on back):

Ventana Wildlife Society offers scholarships to youth attending our Natural Science Discovery Programs. The amount available varies each year, and priority is given to families whose income falls within the free or reduced lunch guidelines.

The maximum scholarship award available is the program cost less 25% of the program cost.

Decisions for summer programs are made in May and you will be notified in a timely manner.

Directions for Scholarship Request

1. Complete this Scholarship Application.
2. Please attach a copy of your last tax return.
3. Mail completed scholarship application, program registration and income documentation to:

Ventana Wildlife Society
19045 Portola Drive, Suite F-1
Salinas, California 93908
Phone: 831-455-9514
Fax: 831-455-2846
info@ventanaws.org

Incomplete applications will not be considered.

For Office Use Only

Rec'vd: _____

Awarded: _____

Notified: _____

Parent / Guardian Signature: _____ Date: _____