



## Rose Zack Youth Birders Education Fund School/Group Scholarship Application

*Fenner Conservancy, the nonprofit that manages Fenner Nature Center, is excited to offer scholarships to program participants through the support of our generous donors to the "Rose Zack Youth Birders Education Fund". The purpose of this fund is to enhance the environmental literacy of children in the greater Lansing region through nature-based learning experiences centered around bird conservation and natural history.*

**Rose Zack Youth Birders Education Fund Guidelines:**

- Scholarship will cover 100% of the program fee for a one-hour "Birds in My Backyard" or "Avian Adaptations" program at Fenner Nature Center on a first come, first served basis.
- The Rose Zack Youth Birders Education Fund is only open to classrooms located within Ingham, Eaton, Clinton, and Shiawassee counties. Priority is given to classrooms that demonstrate need.
- Classrooms that receive a scholarship award through the Rose Zack Youth Birders Education Fund must send a Thank You letter to our donors following their program.
- Scholarship applications must be received at least 2 weeks prior to your scheduled program.

Name of Teacher and School: \_\_\_\_\_ Program Date: \_\_\_\_\_

Brief Description of Your Classroom:

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Total Program Cost: \_\_\_\_\_ Requested Scholarship Amount: \_\_\_\_\_

Importance of an experience at Fenner Nature Center for the participants:

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*Please return the completed form by mail or in person attn: Program Manager, 2020 E Mount Hope Ave., Lansing, MI, 48910 or by email to [programs@mynaturecenter.org](mailto:programs@mynaturecenter.org).*



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Name of Teacher and School: \_\_\_\_\_ Program Date: \_\_\_\_\_

Total number of participants: \_\_\_\_\_

Family Income Level of Participants \_\_\_\_\_ % of participants qualify for free/reduced lunch program at school

Number of Males: \_\_\_\_\_ Females: \_\_\_\_\_

Age or Grade Level of Participants: \_\_\_\_\_

Ethnic Background of Participants (Indicate % of Total Participants) (for statistical purposes only)

Asian    Hispanic/Latino    African American                      Native American    Caucasian Multicultural

### OFFICE USE ONLY:

Date Rec'd \_\_\_\_\_ Approved: Y N    Amount Approved: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_

*\*\*\*Please initial the following as they are completed\*\*\**

- \_\_\_\_\_ Copy Provided to Executive Director
- \_\_\_\_\_ Copy Provided to Program Manager
- \_\_\_\_\_ Scanned to Bookkeeping
- \_\_\_\_\_ Copy Placed in Programs Binder

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