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:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Total Program Cost: _____________________________ Requested Scholarship Amount: _________________

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

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.
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

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.