



fenner conservancy

SCHOLARSHIP APPLICATION

Your Name:

Name of Program Participants:
List individual name(s) or group.

Scholarship Requested: CAMP
Select only one per request. PRESCHOOL
 GROUP & PUBLIC PROGRAMS
 EVENTS & RENTALS

Email, Mailing Address, and Phone:
Provide full contact information.

Number of people in household:
Total monthly household income:
Total balance cash, savings, and checking accounts:
Current net worth of investments (not including home):
Last year Adjusted Gross Income (AGI):
Describe any other financial factors you wish to be considered:

All financial data will be kept secure and confidential. We reserve the right to require documentation to validate the information above.

By signing I affirm all information contained in this application is true and accurate to the best of my knowledge.

PRINTED NAME:

SIGNATURE:

DATE:

**APPLICANT: STOP HERE AND SUBMIT YOUR APPLICATION VIA EMAIL.
SELECT EMAIL BASED ON THE SCHOLARSHIP TYPE CHOSEN ABOVE:**

- camp@mynaturecenter.org
- preschool@mynaturecenter.org
- programs@mynaturecenter.org
- events@mynaturecenter.org

Fenner Conservancy Office Use Only:

Dept. Receipt Date _____
 Dept. Request Amt _____
 Amount Approved _____
 Fund ___ Norris Ingells ___ Spafford Family ___ Other:
 Approved by _____