

Flying Deer Nature Center Financial Assistance Application

Please e-mail to tresca@flyingdeernaturecenter.org or 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 1 week of application deadline. You will receive written notice of award within 10 days 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's Full Name _____

Address _____ City _____ State _____ Zip _____

Date of birth _____ Age at time of camp _____ M F (circle one)

New Participant Returning Participant

List each parent or guardian who is fiscally responsible for program fees:

First Name _____ Last Name _____

Relationship to participant: Mother Father Self Other _____

Job Title _____ Employer _____

Home Phone _____ Cell phone _____

E-mail Address _____

First Name _____ Last Name _____

Relationship to participant: Mother Father Self Other _____

Job Title _____ Employer _____

Home Phone _____ Cell phone _____

E-mail Address _____

Monthly household income (including child support) _____

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

What program(s) does your child(ren) wish to attend? _____

How much assistance are you requesting? Please give a dollar amount. _____

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

Flying Deer's Financial Assistance program is made possible by our fundraising activities throughout the year, including our annual Flying Deer Day celebration, annual appeals, special events, etc. If you are interested in volunteering to support our fundraising activities, please list any skills you can offer—these might include cooking, administration, or helping solicit items for our silent auction.

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

PROOF OF INCOME: Please attach a copy of your most recent 1040 form.

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

Signature of Parent or Guardian:

_____ Date _____