

Environmental Learning Center

Application for Financial Assistance

Purpose: To provide financial assistance to students and families who might not participate in ELC programs due to the cost of programs.

Please fill out this application for financial assistance completely. This information is necessary to document usage of monies and determine student level of need. The ELC will review and hold this application in strict confidence.

Student's Name _____

Home Address _____

Home Phone _____

Date of Birth _____

Father's Name _____

Father's Address _____

Father's Phone _____

Father's place of employment _____

Mother's Name _____

Mother's Address _____

Mother's Phone _____

Mother's place of employment _____

Number of Adults in home _____

Number of Dependents (please list names and ages)

1. _____

2. _____

3. _____

4. _____

5. _____

Please provide your approximate yearly household income.

Please share your reason for needing financial assistance, being as specific as possible.

Do you qualify for State, Federal, or County, Food Stamps, Medical Aid, Reduced or Free Lunch, etc. Please list any support you currently receive.

Would you be willing to volunteer your services or expertise to the ELC?
Yes/No

Signature and Date _____