



ASHWABAY OUTDOOR EDUCATIONAL FOUNDATION

Financial Assistance Application

① APPLICANT INFORMATION

Name:	
Mailing Address:	
City:	
State:	Zip Code:
Home Phone:	
Cell Phone:	
Email:	
If an applicant is under 18: Parent's or legal guardian's name:	

② ALL PERSONS LIVING IN THIS HOUSEHOLD

X Mark each family member applying for assistance

	Parent/Guardian/Adult	
	Parent/Guardian/Adult	
	Child	DOB
	Child	DOB
	Child	DOB
	Child	DOB
	Child	DOB
	Other Dependent(s)	Age(s)

③ I am APPLYING FOR

Mark category for which you are applying

	Youth Passes
	Adult Passes
	Family Passes
	Programs & Lessons
	Equipment Rental

④ To QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING INFORMATION:

Does your family qualify for free or reduced school lunch programs?

Free Reduced No

If NO, please tell us more: Use this space to include any additional information or extenuating circumstances that are relevant to this application. If you need more space, attach an additional sheet of paper.

FOR OFFICE USE

Approved \$
Staff
Date
Notes

⑤ Agreement and SIGNATURE

This application must be renewed every 12 months, or if there are changes in circumstances.

I certify that the above information is true and complete to the best of my knowledge. I understand that sponsorship assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

