

EXPLORING NATURE SCHOLARSHIP



Dear Parent/Guardian:

This year, we are able to provide some financial assistance for a limited number of children who would otherwise be unable to attend Exploring Nature. Funding for the **Exploring Nature Scholarship** is provided by SUNY Oswego's Rice Creek Field Station's Exploring Nature Program and Rice Creek Associates.

Because our resources are limited, please provide the following information to help us determine the allocation of funds. This application requires children be eligible for free or reduced lunches and have a copy of the award verification from the school district be sent with this application. The information requested is confidential, strictly for the purposes of this scholarship application process and will not be shared.

Please return this application along with your completed Exploring Nature registration materials by March 1st to:

EMAIL to *Dr. Diann Jackson, diann.jackson@oswego.edu with the subject line ENSCHOL* U.S. MAIL to *Dr. Diann Jackson, Rice Creek Field Station ENSCHOL, SUNY Oswego, Oswego NY 13126*

You can return to www.oswego.edu/rice creek/programs for links to Exploring Nature materials. Registration fees will be deferred until scholarships have been determined. Scholarship decisions will be made and all applicants will be notified by U.S. mail.

Please contact me if you have any questions.

Regards,

Diann C. Jackson, PhD Rice Creek Field Station SUNY Oswego

Oswego, NY 13126 315-312-6678



Exploring Nature SCHOLARSHIP



General Information

CHILD'S NAME [first &	last]					
DATE OF BIRTH of child	you are requesting fir	nancial aid to attend Exploring Nat	ure			
CHILD'S SCHOOL DISTI	RICT					
Indicators of Nee TOTAL NUMBER PERSO TOTAL ANNUAL INCOM	ONS in household	income includes child support, alimor	ıy, SSI, unemployment, etc	:.)		
✓ □ yes □ no	This application rec	e for free or reduced lunches? quires children be eligible for free ation from the school district be s				
Custodial (Parents/Guardians)		MOTHER		FATHER		
Full Name (first, last)						
Address						
City						
State & Zip						
Daytime Phone						
Email						
		leductions) of each family member w fits, child support, alimony, etc. rece	ived and any other recurr	ing income of the far	mily member.	
Name		Income Source Wages, Social Security, etc.	Dollar Amount (O	nly need to fill out 1 of to MONTHLY	hese 3 columns) WEEKLY	
1			YEARLY	MONTHLY	VVEEKLY	
3						
5 6.						
Does anyone in the app		y receive benefits under one or m Net Medicaid				
Please tell us why you a	re requesting financial	aid. Include any special circumsta I Committee in making a decision.	· ·			
✓ □ yes □ no		gency personnel (teacher, guidance pring Nature for the child? If yes,				
Name, Phone Number a	and Job Title of person	making recommendation:				