



# Financial Scholarship Request

## Financial Scholarship Request

**Columbia WOW School-2009**

The WOW Financial Scholarship is intended to assist area families, school groups and other organizations to take part in the Columbia WOW School. Please complete all parts of the request to be considered for the scholarship. After requests are reviewed, recipients will be notified if and when approved.

### **Applicant Information**

Applicant/Group Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Registration Information (you will still need to complete a registration form)**

- |   |            |
|---|------------|
| ___ Individual Application (\$55)                         | Age:       |
| ___ Family Application (Up to 4) (\$70)                   | Ages:      |
| ___ Additional Family Members ___ (#) x (\$20) = ___ (\$) | Ages:      |
| ___ Group (minimum 20): ___ (#)                           | Age range: |

\*price rates are the same for all ages

### **Contribution**

Your total Cost: \$\_\_\_\_\_ Amount you can contribute \$\_\_\_\_\_

### **Reason for scholarship request**

Please use this space to explain your need for this scholarship and how it will help you

I hereby certify that the above information is correct to the best of my knowledge. I consent to Wonders of Wildlife to verify any and all information on this application.

Applicant signature: \_\_\_\_\_

Mail or fax completed requests to: **Wonders of Wildlife  
Education Department  
730 West Sunshine  
Springfield, MO 65807  
Phone 417.890.9453  
Fax 417.890.9278**