



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**