Education Division
School/Organization Scholarship Application Form

The Missouri Botanical Garden would like to offer every student the opportunity to attend our programming. In pursuit of this goal, we are offering financial aid to schools and organizations in need.

Scholarships will be awarded on a first-come, first-served basis, until designated funds are depleted. You will receive confirmation of your registration and notice of any amount due 5-7 business days after we receive your application. Scholarships are intended to be used with Garden programming during the months of September – February.

Scholarship applications must be received two weeks before the start date of the program.

School/Org Name: __________________________________________
Mailing Address: __________________________________________
City: __________________________ State: ______________ Zip Code: ______________
School/Org Phone Number: __________________
Number of Students in School/Org: _____   Number of Students qualifying for free school lunch: ____
Number of Students qualifying for reduced school lunch: ____

Teacher/Organizer Name: __________________________________________
Teacher/Organizer Phone Number: ______________ Email: __________________________
Number of Students in Class: __________________________ Grade Level: ______________
Garden Program: _______________________________________________________________________
Garden Program Cost: _______________________

If you are able to pay a portion of the program fee, it will help us serve more students. Please check the payment option that works best for you:

_____ We can pay 50 % of total program fee.
_____ We can pay 25% of total program fee.
_____ We can pay none of the total program fee. Our students are only able to attend the program with a full scholarship.

By signing this document, I, __________________________________________,(print name) certify that the information is true, accurate, and complete to the best of my knowledge.

School Principal/Org. Director Signature: __________________________ Date: _______________________

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Please mail the completed registration form and this scholarship application to:
Missouri Botanical Garden ~ Education Division – Scholarships ~ 4344 Shaw Blvd ~ St. Louis, MO 63110

Manager's Approval and Date
Transfer Funds to Account
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