

**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.

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: _____
Program: _____
Tentative Dates: 1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____
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:

- The school/organization can pay 50 % of total program fee.
 The school/organization can pay 25% of total program fee.
 The school/organization 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: _____

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

Please mail the completed registration form and this scholarship application to:

Missouri Botanical Garden ~ Education Division – Scholarships ~ P.O. Box 299 ~ St. Louis, MO 63166-0299

<hr/> Manager's Approval and Date	<hr/> Transfer Funds to Account
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