

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.

School/Org Name:			
Mailing Address:			
City:	State:	Zip Code:	
School/Org Phone Number:			
Number of Students in School/Org:	Number of Studen	its qualifying for free school lunch:	_
	Number of Studen	ts qualifying for reduced school lunch:	
Teacher/Organizer Name:			
Teacher/Organizer Phone Number:	Email:		
Number of Students in Class:	Gra	de Level:	
Garden Program:			
Tentative Dates: 1 st Choice:	2 nd Choice:	3 rd Choice:	
Garden Program Cost:			
If you are able to pay a portion of the pro	gram fee, it will help	us serve more students. Please check t	he 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,			y that the
information is true, accurate, and comple	te 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 ~ 4344 Shaw Blvd ~ St. Louis, MO 63110			

Manager's Approval and Date

Transfer Funds to Account