

**Education Division  
Student 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 families 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.

Child's Name: _____ Child's Birthdate: _____
Name of Parent or Guardian: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Day Phone Number: _____ Evening Phone Number: _____
Email: _____
Program: _____
Tentative Dates: 1 <sup>st</sup> Choice: _____ 2 <sup>nd</sup> Choice: _____ 3 <sup>rd</sup> 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:

- \_\_\_\_\_ I can pay 50 % of total program fee.  
\_\_\_\_\_ I can pay 25% of total program fee.  
\_\_\_\_\_ I can pay none of the total program fee. I am 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.

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

\_\_\_\_\_  
Manager's Approval and Date

\_\_\_\_\_  
Transfer Funds to Account