

## **Scholarship Application for Tuition**

All information on this form will be kept strictly confidential.

School/Group Name	Phone
Address	
Contact Person	Email
What dates will your group attend our program?	
Has your group received a tuition grant in past years?	(Circle one.) YES NO
How many students are expected to attend?Of this number, how many need scholarship assistance	
On a separate sheet, please describe:  1. How your classroom objectives will be met by partice  2. Your group's need for scholarship support  3. On what basis students will be chosen to attend	cipating in the program
Please describe the cultural diversity of your school. % African American% Native American% Hispanic/Latino% Caucasian  What percentage of students qualifies for Free and Refor private schools, enter an equivalent percentage (e% Free/Reduced Lunches	% Other% biracial educed Lunch at your school?
Please detail your fundraising plan and indicate the an Total tuition expense of the trip Other expenses (i.e. transportation) TOTAL COST	nount of scholarship requested.  \$ \$ \$
Family/student contributions Student fundraising activities Outside funding sources (i.e. federal, state, grants) School funds Requested funds from NatureBridge	\$ \$ \$ \$
	st provide data to NatureBridge so that we can report back to our mation about your trip (pictures, journals, assignments, information is true and correct.
Signature	Date

Please mail or fax completed form for prioritized funding by September 23, 2011, or send this at least 30 days prior to your program to: Scholarship Committee, NatureBridge/Santa Monica Mountains Institute, c/o National Park Service, 401 West Hillcrest Drive, Thousand Oaks, CA 91360, or email to <a href="mailto:koxrider@naturebridge.org">koxrider@naturebridge.org</a>.