



Financial Aid Application

You must send in your aid form and receive approval before enrolling in class.

Child's Name: _____ Male Female Date of Birth: ___/___/___

Parent/Guardian's Name: _____ Relationship to child: _____

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Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

Number of dependent children: _____ Ages: _____

Approximate annual gross income:

\$5,000 - \$10,000 \$10,000 - \$15,000 \$15,000 - \$25,000 More than \$25,000

Is your child academically at grade level or above? Yes No Grade: _____ School: _____

Program applying for:

Nature School Summer Camp Other: _____
 Homeschool Programs Professional Development

If applying for Nature School, please list preferred class day & time below:

1st choice _____ 2nd choice _____ 3rd choice _____

Have you ever received Financial Aid from River Legacy before? Yes No

Please describe any conditions that cause unusual financial hardship for your family:

If selected, my child has permission to attend the _____ program.

Parent/Guardian signature: _____ Date: ___/___/___

Relationship to child: _____

Priority will be given to families who have not received financial aid from RLF before.