



## Financial Aid Application

**You must submit 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: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
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:*

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> 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.***