

# School Group or Organization Application Request for Financial Assistance



In order to help us determine your organization's eligibility for our scholarship program, please complete this form, then click the SUBMIT button at the bottom of the page.

NOTE: In some cases, we will be able to fund both the cost of the program, and the cost of transportation to our facility. That determination will be made upon review of your Application.

Applicant School or Organization Name:

Address: City: State: Zip:

Name of instructor/organizer from your school or organization who will be attending the program:

Instructor/Organizer Email Address:

Instructor/Organizer Cell Phone Number:

Please select the correct category for your school or organization:

501(c)3 non-profit      Public School      Private School      Summer Camp  
After School Program      Other - If Other, describe:

In the group that will be attending the program, please indicate the percentage who are economically disadvantaged, e.g. eligible for the National School Lunch Program:

Program and amount for which you are seeking a scholarship.

Note: If Program Name, Date, and Cost are not pre-filled in, please email us for the correct information: [patronsoftnac@gmail.com](mailto:patronsoftnac@gmail.com)

Program Name:

Program Date:

Total number of students to attend program:

Program Cost Per Student: \$ Total Program Cost: \$

Amount of scholarship funding you are requesting to help fund your Program cost:

If you are also requesting scholarship funding for transportation, please provide transportation cost.

Transportation Cost: \$

Please indicate any other funding you have received for this program:

Dollar Amount: Funding Provider:

Please indicate any special instructions: