

KALAMAZOO NATURE CENTER

FINANCIAL ASSISTANCE APPLICATION

(TO BE COMPLETED BY PARENT/GUARDIAN)

ONE FORM MAY BE COMPLETED PER FAMILY EACH YEAR

THE CONTENTS OF THIS FORM WILL REMAIN CONFIDENTIAL

Please return completed form
by email to

register@naturecenter.org

OR

Mail (or in person) to
7000 N Westnedge Ave.
Kalamazoo, MI, 49009

OR

FAX to (269)978-0989

Parent/Guardian Name: _____

Address: _____

Email: _____ Phone: _____

Requesting aid for: Camp Nature's Way Preschool
 Other Programming

Number of people (dependents or other) living at listed residence: _____

Annual Household Income (includes alimony, disability, etc.): _____

Recipient of: SNAP WIC Free School Lunch Reduced School Lunch None

Applicant Employer: _____ Phone: _____

Spouse Employer: _____ Phone: _____

Name of Child(ren) Attending Program: _____

By signing below I agree that all information provided is complete and accurate to the best of my
knowledge.

Applicant Signature: _____ Date: _____

Please submit income verification with this application in the form of last year's tax return summary, W-2, SSA benefit summary, or other similar documentation. Please also submit proof of any SNAP or WIC benefits you may receive.

Applicant will be notified by email of award decision.

For Administrative Use Only

Eligibility: _____ Amount Awarded: _____ Applied to: _____ Date: _____