

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.): _____

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.

Applicant will be notified by email of award decision.

For Administrative Use Only

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