

## "Pay What You Can" Scholarship Request Form

Name of Parent/Guardian(s)		Dat	Date of Application		
Address				_	
			Home Phone		
Email				_	
Name of Child			Age of Child	_	
Grade Spring 2020				_	
Any health concerns, allergies, a	nd behaviors we should	know about?			
Please look at our Camp an		•	•		
your most preferred progra			-	are	
able and willing to contribu	ite to the total cost of	of each progran	1.		
WA Danasa Nama		Data	<b>A</b>		
#1. Program Name		Date	\$	_	
#2. Program Name		Date	\$	_	
#3. Program Name		Date	\$	_	

**This amount may be \$0.** No questions asked; no financial requirements to meet. Simply pay what you can to make a program an affordable option for you. Any money that you are able to contribute toward the cost of a program will stretch our scholarship funds to reach more children.

## We'd like to hear from you! Have your student answer the question below.

## Send completed form to

education@rbnc.org or P.O. Box 186, Faribault, MN 55021

or

drop off at 1000 Rustad Road, Faribault, MN 55021

Building hours: Mon-Fri 8-4:30, Sat 9-4

## What is River Bend's Pay What You Can Scholarship Program?

River Bend Nature Center's "Pay What You Can Scholarship Program" is available for families to help pay for the cost of camp and adventure day programs. The scholarship funds are made available through the generous support of individuals and businesses in the area. Their leadership in this effort to keep River Bend accessible to everyone is needed and appreciated.

Gifts to support the Pay What You Can Scholarship Program and other initiatives are always welcome.

Office Use Only, Please  Request reviewed by Date reviewed Funding requested \$ Funding Received Date response given	Season Summer Camp Adventure Day Homeschool	Year
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<sup>\*</sup>Unfortunately, River Bend will not be able to fulfill all requests. Requests will be granted on a first-come, first-serve basis. You will be notified as to whether or not your funding was approved.