



2931 S. Pacific Hwy, Medford, OR 97501
 Phone: 541-772-1390 | Fax: 541-779-2742
www.coyotetrails.org office@coyotetrails.org

Financial Assistance Application

Date: _____

Scholarships for Coyote Trails School of Nature programs are intended as tuition assistance to enable those people to participate who otherwise would be unable to afford the full cost of our programs. The maximum award ranges from 25% - 50% of the total program cost.

Applicant Name: _____ **Parent Names** _____

How did you learn about Coyote Trails? _____

Have you been to Coyote Trails before? _____

If yes, what class(es) and dates. _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____ E-Mail Address: _____

Home Phone Numbers (s): _____ Cell Number: _____

Date of Birth: _____ Male / Female: _____

Which course(s) do you wish to attend:

Course Name: _____ Date: _____

Course Name: _____ Date: _____

Total number of persons in the household: _____ Please list all persons dependent upon family for financial support:

Name	Age	College/Occupation	Percent of Support Received from Family
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Household Income _____ Previous Year Household Income _____

Amount Requested _____ Payment Plan _____
 (Must be paid in full by October 31st)

Are you willing to volunteer hours of your time to help pay back Financial Assistance? _____

Please describe your financial situation and why you are applying for Financial Assistance in order to attend this program:

Please explain what you expect to gain from attending a Coyote Trails School of Nature Course:

