



# 2023 VINS Afterschool Scholarship Application

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone 1: (\_\_\_\_) \_\_\_\_\_ Mobile Phone 2: (\_\_\_\_) \_\_\_\_\_

E-mail 1: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

**\* All registration communications are electronic. \***

**Afterschool Details:** This afterschool program is only available to Ottauquechee School students.

**Dates:** Tuesdays: 3/21, 3/28, 4/4, 4/18, 4/25, 5/2, 5/9, 5/16

**Time:** 3:15 – 5:15 pm

**Age Group:** Grades K-3

**Cost:** \$136 per child

(Full session required)

**Location:** VINS Nature Center, 149 Natures Way, Quechee, VT

### Transportation:

Students will be transported by Ottauquechee School bus #12 to the VINS Nature Center at the end of the school day. Students must be picked up at the VINS at the end of the day.

**A. Session Fee:** \$ \_\_\_\_\_

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**B. Amount of Scholarship Request:** \$ \_\_\_\_\_

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**C. Amount owed today (A minus B):** \$ \_\_\_\_\_

### Payment Method:

Credit Card \_\_\_\_\_

or

Check Enclosed \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV #: \_\_\_\_\_

Signature: \_\_\_\_\_

Make check payable to:  
Vermont Institute of  
Natural Science

**Additional Information:** This information is optional but helps VINS raise funds to support our scholarship program.

Please indicate reason for scholarship or financial aid request

- |   |  |
|---|--|
| <input type="checkbox"/> Fixed or limited income          | <input type="checkbox"/> Illness or injury in family |
| <input type="checkbox"/> Job loss or change in job status | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Change in family structure       |  |

Why do you want your child to attend VINS Afterschool?

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Does your child currently receive free or reduced price school meals?    Yes    No

**Acknowledgement:** I certify that the above information is true and correct. I understand that this information is being given for the receipt of scholarship funds only and that this application will be kept confidential.

_____	_____/_____/_____
Parent or Guardian Signature	Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

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**Agency Referral** (this section required for Full or Partial Scholarship requests)

**For Referring Agent:**

The above applicant is requesting a scholarship to attend a session of VINS Afterschool. The purpose of the VINS Scholarship Fund is to provide all interested youth an opportunity to participate in our programs, regardless of their family's financial circumstances. During the scholarship application process, VINS does not ask families to disclose financial information. Instead, families must submit a referral from a third-party attesting to their need for assistance in paying for a week of camp. Your role as a Referring Agent is to serve as that third-party.

By referring this child to receive support from the VINS Scholarship Fund you are affirming that, to the best of your knowledge, this family would benefit from financial assistance to send their child to a session of VINS Afterschool.

\_\_\_\_\_  
Signature of Referring Agent

_____	_____
Printed Name of Referring Agent	Position Title

\_\_\_\_\_  
Agency Mailing Address

_____	_____
Agency Phone Number	Agency E-mail Address