



NATURE ADVENTURES SCHOLARSHIP REQUEST FORM

Participant Information

Participant's name: _____ Sex _____ Age _____
(Last) (First)

Address _____ City _____

State _____ Zip Code _____ Phone: Home _____ Cell _____

Parent/Guardian with whom child lives _____
(Last) (First) (Relationship)

Mother/Guardian: _____ Daytime phone number: _____

Father/Guardian: _____ Daytime phone number: _____

School Attend & District: _____ Daytime phone number: _____

Scholarships are available for 50% of the cost of the program being offered. Please submit this form along with a letter of recommendation from someone other than a family member, such as your child's teacher, community member, or your family's religious leader indicating your eligibility for a financial scholarship.

Also send a registration form for the activity in which you wish your child to participate. Send all forms to:

Nature Adventures
SBMNH
2559 Puesta del Sol
Santa Barbara, CA 93105



Santa Barbara
Museum of Natural History