

Confidential Financial Aid Form

Wright-Locke Farm believes that all children deserve high-quality educational programming. For this reason, we have need-based scholarships available for our participants. If you would like to request financial assistance to attend Wright-Locke Farm education programs, please read and complete the following form. Tuition assistance is available through the generosity of our community. If you have any questions, please email FarmEd@wlfarm.org.

*All information is held in strict confidence. Wright-Locke Farm reserves the right to request additional verification of any information provided. Please complete all entries. **Only one student per form please.** If not applicable, please mark N/A.*

Participant Information

Participant Name: _____ DOB: _____

Last First

Address: _____

Street Apt./Unit City State Zip

Guardian Name: _____

Guardian Phone: _____ Guardian E-Mail: _____

Program Information

Program name:	
Cost of the program you are interested in:	\$
Amount you can reasonably afford to pay:	\$
Financial assistance requested:	\$

Household Income

Please list total yearly income of household received from salaries, wages, alimony, child support, social security, disability, public assistance, etc.	\$
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Number of adults in household supported by this income:	
Number of dependent children (under 18) supported by this income:	

Please explain any unusual family expenses (medical, unemployment, death, emergency situations, etc.)

I affirm that all information provided in this application for financial aid is correct and true to the best of my knowledge.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian