



2024 VINS Afterschool Scholarship Application

Student's Name: _____

School: _____ 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: _____

Please return form to:

Mail: VINS Afterschool Program
Vermont Institute of Natural Science
PO Box 1281
Quechee, VT 05059

Email: cleo@vinsweb.org
Fax: (802) 359-5001

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

Afterschool Details: This afterschool program is only available to Hartland Elementary Students students.

Dates: Wednesdays
April 17 & 24 / May 8, 15, 22

Time: 2:45 – 5:00 PM
Age Group: Grades 1 – 6

Cost: \$85.00 per child

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

Transportation: Students will be transported by the Hartland Recreation Department to the VINS Nature Center at the end of the school day. Students will be transported to Hartland Recreation Center by Hartland Recreation Department for pickup at 5:00 PM.

A. Session Fee: \$ _____

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B. Amount of Scholarship Request: \$ _____

(up to \$85.00)

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

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

- Fixed or limited income
- Job loss or change in job status
- Change in family structure
- Illness or injury in family
- Other: _____

Why do you want your child to attend VINS Afterschool?

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

Agency Referral

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