



## Friends of Youth and Nature

### Outdoor Education Scholarship Form

Friends of Youth and Nature is focused on expanding youth opportunities to learn about the outdoors, regardless of resources or circumstance. The FOYAN scholarship program is designed to assist students, schools or youth groups, and local providers to provide for these vital nature experiences.

#### **Application process:**

\*Applications will be accepted on a first-come first-served basis, year-round, for individual students, schools, and youth groups, and FOYAN providers in Delta, Mesa, and Montrose Counties for as long as funding is available. Applications for scholarships for programs or busing must be submitted at least two weeks prior to the event.

\*Applications must be signed by a parent/guardian, school or youth group administrator, or provider representative

\*Applications must be complete to be considered

\*Applications must be submitted on-line or by email to: [friendsofyouthandnature@gmail.com](mailto:friendsofyouthandnature@gmail.com)

#### **Scholarship review and award process:**

Applications will be reviewed by Friend of Youth and Nature board members upon receipt to determine eligibility. Please note that FOYAN funding is limited. **One scholarship per entrant per calendar year** will be accepted unless there are documented extenuating circumstances. FOYAN reserves the right to award less than the full amount requested. Applicants will be notified by email of award status.

#### **Follow-up:**

\*Each award recipient is required to provide a timely follow-up report on how the scholarship funds were used, including a detailed narrative and one to three quality photos.

\*Scholarship recipients are expected to assist with at least one FOYAN fundraising event per calendar year.

#### **Privacy Policy:**

All information submitted throughout the application process will remain confidential.

#### **Indemnification:**

In accepting a scholarship from Friends of Youth and Nature, the awardee understands that FOYAN donates this money to your cause in good faith and hold harmless FOYAN, FOYAN Board of Directors, and all FOYAN volunteers from all liability. The awardee accepts full responsibility for the outdoor experience to which this award is applied.

### Scholarship Application Information

**Date of Application Submission (required) :** \_\_\_\_\_

Friends of Youth and Nature

P.O. Box 634, Hotchkiss, Colorado 81419

[anita@friendsofyouthandnature.org](mailto:anita@friendsofyouthandnature.org) 970-901-1459



**Friends of Youth and Nature**

**Type of Funding Requested:** \_\_\_\_ Student Scholarship \_\_\_\_ Busing \_\_\_\_ Provider Project

**Has the applicant previously applied for a FOYAN funding request?** \_\_\_yes \_\_\_no  
If so, please list date of previous application: \_\_\_\_\_

**Has the applicant previously received FOYAN Funding?** \_\_\_yes \_\_\_no

**Full Name of Applicant:**

\_\_\_\_\_ Grade Level (If applicable) \_\_\_\_\_  
Number of students impacted \_\_\_\_\_

**Parent or Guardian (if student applicant):**

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**Student's School and/or Provider's Name:**

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**Student ethnicity (6<sup>th</sup>-12<sup>th</sup> grade scholarships only - please enter numbers in appropriate slots):**

\_\_\_\_ White \_\_\_\_ Native American \_\_\_\_ Hispanic. \_\_\_\_ Black \_\_\_\_ Asian \_\_\_\_ Other

**Mailing Address of Applicant (Where the scholarship check will be mailed to if approved):**

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please list the name and total cost of the program to be funded:**

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**Amount requested:** \_\_\_\_\_ **Total number of youth to be served by this request:** \_\_\_\_\_

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## **Friends of Youth and Nature**

**Narrative (required):** In 250 words or less, please indicate why it is important to fund this request. You may use the space below or send an attachment.

**For Individual applicants:** Please attach proof of financial need such as Free/Reduced lunch letter, copy of Medicaid/CHP+ card, or include explanation of extenuating family circumstances in your narrative.

**For School/Youth group/Providers** please include how you intend to positively impact youth in your program.

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