



Educator Workshop Financial Assistance Application

- Our goal is to make our programs available to everyone. Toward this end, we offer financial assistance when possible, based on need.
- Please submit this application to education@lifelab.org or Whitney Cohen / Life Lab / 1156 High Street / Santa Cruz, CA / 95064.
- Financial Assistance applicants are encouraged to apply as early as possible. Workshops are filled on a first-come, first-served basis.
- **A \$50 deposit and a letter from your school or organization are required with this application.** Your deposit will be refunded if funding is not granted, or if you are granted full financial assistance.

Name and Date of Workshop: _____

Your First and Last Name: _____

Email Address: _____ Telephone Number: _____

Name of School or Organization: _____

In what capacity do you work with children in gardens:

- As a member of a non-profit organization As a teacher in a public school As a teacher in an independent/private school As a volunteer Other

1. Please describe your role briefly: _____

2. How many children do you work with each year? _____

3. How many of these children receive free and reduced lunch? _____

4. How much can your school or organization afford to put toward your workshop fees? \$ _____

5. Is there any other information about yourself, your students, or your school/organization that you would like to include in this application?

Please check the following and sign:

I have read and completed all sections of this application and the information provided is correct.

I have included a letter from my employer stating how much my school or organization can contribute (this letter is required regardless of the amount they can contribute)

I am including my \$50 deposit, to be returned if assistance is not granted or if full assistance is granted. You may submit your deposit with a credit card number, or by mailing a check or Purchase Order to Whitney Cohen / Life Lab / 1156 High Street / Santa Cruz, CA / 95064. Please note on check or PO: "Workshop Financial Assistance Deposit." For credit card, please include information below.

Credit Card # _____ Expiration Date: _____

Address & Name on Card: _____

Signature

Print Name

Date

