



All information reported on this form is confidential. Applications will be reviewed on a rolling basis. Complete all the information below.

Please email this form recommendation to learn@mshinstitute.org or mail to:

Mount St. Helens Institute Summer Ecology 42218 NE Yale Bridge Road Amboy WA 98601

The applicant must also complete the online Summer Ecology Application form. Financial Aid Applications without accompanying Summer Ecology Application will not be accepted.

Applicant First and L	ast Name:					
Address:						
City:	State:	Zip:				
Applicant Email Add	ress:					
Does your family qualify for you school's free or reduced meal program? Yes No NA						
Parent/Guardian First and Last Name(s):						
Parent/Guardian Occupation(s):						
Parent/Guardian Em	nail Address:					
Total # of children liv	ving at home:					
Ages of children livir	ng at home:					
Applicant lives with:	Parents toget	her	Parents separately			
	One parent o	nly	Other			
Total # of people livi	ing in the house	e:				

Check the box that best fits your household income. This should be the total annual household income from ALL sources (salary, wages, tips, alimony, child support, social security, disability, public assistance, etc).
□ \$0-\$20,000
□ \$20,001-\$40,000
□ \$40,001-\$60,000
□ \$60,001-\$80,000
□ \$80,001- \$100,000
□ \$100,001- \$150,000
□ \$150,001+
Amount your family can contribute for the applicants to participate in Ecology Camp: \$
Amount of aid requested: \$
Please provide a brief description of your circumstances and reason for requesting financial aid, as well as anything else that you would like to share.
☐ I attest that all of the above information in complete and honest to the extent of my knowledge including any relevant background information that has not directly been asked about. I recognize that false claims of need may result in cancelled registration.
Printed Name:
Signature:
Date: