## Oglebay Institute Financial Assistance Request Form Adult Programming – Mountain Nature Camp



Full Name	
Full Address	
Email Address	
Cell phone	Home phone
Are you an Oglebay Institute memb	per? 🗆 Yes 🗆 No
Have you received financial assista	nce from Oglebay Institute before? □ Yes □ No
In consideration of your financial a fee. Please indicate the fair portion	id, applicant may be asked to pay a fair portion of the cost of the registration you are able to contribute:  I can pay a total amount of \$
Would you be able to assist in	n any of the following areas? Please circle tasks that you can help with.
Set-up, cleaning, washing	g dishes, maintenance issues, programming, other duties as needed
	ts you in attending programming at Mountain Nature Camp and explain Please add an additional page if more space is necessary.
Date	
Signature	Print Name

All of the above information will remain confidential except to those people involved in the decision-making process. Please note that you should submit your request at least two weeks before the start of the program. All financial assistance is offered dependent on funding availability. Every effort will be made to give your application timely attention.