

**Saw Mill River Audubon
Adult Scholarship Application**

Name: _____

Address: _____ Zip: _____

Occupation: _____

Work Address: _____

If applicable

Day Telephone: _____ Night Telephone: _____

Fax (*if any*): _____ Email (*if any*): _____

Program/Class/Workshop to be funded: _____

Please enclose material from the organization/school/sponsoring agency that describes the content of the program, the total cost, and the dates you wish to attend.

1. Are you presently a member of the National Audubon Society? Yes No
Audubon membership is not required for scholarship application

If yes, which chapter: _____

2. Have you ever received scholarship assistance from Audubon before? Yes No

If yes, for what program and when: _____

3. If you are currently engaged in either paid or volunteer activities in conservation or in environmental or science education, please describe what you are doing: *Use additional sheets, if desired*

4. Please describe how you might make use of this learning experience after you return home:

(Please see reverse)

5. Proposed Budget		
Projected cost of the program		\$ _____
Transportation costs (if any)	+	\$ _____
	TOTAL	\$ _____
Money received from other sources	-	_____
Money to be paid by you	-	_____
Amount of scholarship requested		\$ _____

6. Please indicate how you might consider assisting Saw Mill River Audubon following this experience:

Please attach two written references to this application.

Priority will be given to applicants who live within the Saw Mill River Audubon membership area which includes the following communities: Briarcliff Manor, Buchanan, Chappaqua, Cortlandt, Croton-on-Hudson, Crugers, Hawthorne, Maryknoll, Millwood, Mohegan Lake, Montrose, Ossining, Peekskill, Pleasantville, Scarborough, Sleepy Hollow (North Tarrytown), Tarrytown, Thornwood, Valhalla, and Verplanck

I understand that I will be expected to meet with the Saw Mill River Audubon Education Committee or Board of Directors during the following fall to discuss my experiences and will be asked to write a brief summary of my experiences for the chapter newsletter.

Name: _____ Date: _____
(Signature of Applicant)

All application materials must be postmarked, faxed or emailed by January 31st.

Send application and two references to:

Saw Mill River Audubon ~ 275 Millwood Road ~ Chappaqua, NY 10514

Fax: 914.666.7430 **Email:** office@sawmillriveraudubon.org

Please call the SMRAS office with any question at 914.666.6503.

Additional copies of this form may be downloaded from our web site: www.sawmillriveraudubon.org