



FOR OFFICE USE ONLY

Date _____
Scholarship Amount (s) _____
Parent Contribution _____
Enrollment confirmed _____

Scholarship Application Montana Outdoor Science School

PO Box 502

Bozeman, MT 59771

406.582.0526 (office) 406.586.3489 (fax)

admin@outdoorscience.org

www.outdoorscience.org

Please email, fax or mail this application to the address above. Call us with questions.

Thank you for your interest in the MOSS Scholarship Program. Through the support of local businesses and donors we can offer partial and full need-based scholarships to students. All identifying information provided below is kept confidential. MOSS will accept applications from nonfamily members, such as teachers and social service agencies.

Please note:

- MOSS reserves the right to verify information provided on this application.
- Award decisions are usually made within 7 days of receiving the completed application.
- A scholarship award does not guarantee admission to a program.
- An Application for Adventure and a Medical Information Form must also be submitted before enrollment can be completed.
- A \$25 deposit is required to hold space in a program. This deposit can be refunded after the student has participated in the course.
- Scholarship recipients are asked to write a brief letter to share with scholarship donors.

CONTACT INFORMATION

Student Name _____

Date of Birth _____ Grade _____

School Attending _____

Parent(s) or Guardian(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work or Cell Phone _____

Email _____

Primary contact regarding this application (if not the parent) _____

Relationship to the student _____

Phone _____ Email _____

FAMILY BACKGROUND AND INFORMATION

Parent or Guardian’s current employment situation _____

Parent or Guardian’s annual income on latest tax return _____

Information relevant to family situation (i.e. illness, divorce, needs of the student, etc...)

Does the student have transportation to and from camp each day? _____

Is there equipment that the student will need for camp (i.e. backpack)? _____

How would the student benefit by participating in a MOSS program? _____

Do you have a skill or in-kind offering that could be applied towards the tuition? _____

Please feel free to add any additional information you feel may be helpful _____

COURSE INFORMATION

Course(s) your child is interested in attending:

1. Course Title _____ Dates _____ Program Fee _____

Amount of Requested Scholarship _____ Amount You Can Pay _____

2. Course Title _____ Dates _____ Program Fee _____

Amount of Requested Scholarship _____ Amount You Can Pay _____

3. Course Title _____ Dates _____ Program Fee _____

Amount of Requested Scholarship _____ Amount You Can Pay _____