



P. O. Box 7375 Bend, OR 97708
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NAWS / Coyote Trails School of Nature Financial Aid Application

I am applying for:

- Payment Plan
- Partial Scholarship

Applicant Name: _____

How did you learn about Coyote Trails? _____

Have you been to Coyote Trails before? _____

If yes, what class(es) and dates. _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____ E-Mail Address: _____

Home Phone Numbers (s): _____ Cel Number: _____

Date of Birth: _____ Male / Female: _____

Which course(s) do you wish to attend:

Course Name: _____ Date: _____

Briefly explain the reason you are applying for Financial Assistance:

Please explain what you expect to gain from attending a Coyote Trails School of Nature Course:

OFFICE USE ONLY – PLEASE LEAVE BLANK

Date: _____

Scholarship Amount: _____

Payment Plan Details: _____

visit us at our web site www.coyotetrails.org