

**APPLICATION FOR L.E.A.F. SCHOLARSHIP**

**Ebersole Environmental Education Program**

**Available Program Dates:**

**January 2011**

**February 2011**

**March 2011**

**April 2011**

**May 2011**

**(Please check the preferred month(s) you are interested in)**

School: \_\_\_\_\_

Address: \_\_\_\_\_ City: Lansing, MI Zip: \_\_\_\_\_

Phone: (Office) \_\_\_\_\_ (Fax) \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ Email \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Phone: (Room) \_\_\_\_\_ Email \_\_\_\_\_

Grade 2010-2011 \_\_\_\_\_ Number of Students: \_\_\_\_\_

Briefly explain why your class should be considered for a scholarship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Ebersole Environmental Center camping experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your school/class has not attended the Ebersole Center in recent years please explain why not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is correct.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Teacher

**Please fax this completed form no later than 4:00 P.M., Friday, February 4, 2011 to:**

**Ebersole Center Office**

**3400 2<sup>nd</sup> Street**

**Wayland, MI 49348**

**Office Hours are Monday-Friday, 8:00 a.m.-4:30 p.m.**

**For Questions Call:**

**Ebersole Center Office (517) 755-5000**

**Ebersole Center Fax (517) 755-5009**