



Broad Meadow Brook Conservation
Center and Wildlife Sanctuary
414 Massasoit Road, Worcester MA 01604
508-753-6087
Email: bmbrook@massaudubon.org

Wachusett Meadow Wildlife Sanctuary
113 Goodnow Road 01541
978-464-2712
Email: wachusett@massaudubon.org

Financial Assistance Application
(NOT for Day Camp use)

*(please print **double-sided copies** so as to avoid separating/misplacing confidential information.)*

- There are other ways to reduce the immediate cost of attending a Mass Audubon Program.
- Become a Mass Audubon member – membership at the family level or higher entitles you to the member price at all Mass Audubon Sanctuaries.
 - Ask about a payment plan to spread out the cost of program fees to meet your family’s needs.
 - Explore other community resources. Schools and other civic organizations can often provide support.

Submit one form per household. Please list the names of each child. We request that families contribute as much as is feasible towards their child’s registration fee so that we can provide financial assistance to as many families as possible. Decisions are made with consideration to your stated need, our available funds, and the number of applicants.

Mail or hand deliver the completed form to the sanctuary location listed above.

Child's Name _____ Age _____ Birthdate _____

Child's Name _____ Age _____ Birthdate _____

Child's Name _____ Age _____ Birthdate _____

Applicant's Name _____

Address _____

City/Town _____ State _____ Zip _____

E-mail Address _____ Phone _____

Relationship of Applicant to child _____

Please complete the reverse side.

Answer the Following Questions:

1) What is your family's estimated combined gross income for the past 12 months? \$ _____
(Combined gross income is defined as, income from wherever source derived)

2) How many people does this combined gross income support? _____

3) What programs will your child/children be attending? Please list program name(s), program date(s), and program fee(s).

4) Of the total program fee(s), \$ _____ we can contribute \$ _____.

5) Are there special financial circumstances that would help us to determine your need for financial assistance (such as school/college tuition, child care, elder care, child support, significant family medical expenses, or unemployment)?

I certify, to the best of my knowledge, that the information I have provided in response to the above questions is both truthful and accurate.

Signature _____

Date _____

Office Use Only:

Date Received: _____

Amount Awarded: _____

Date Notified: _____

Date of Acceptance: _____