

COLUMBUS AUDUBON JOHN WILSON MEMORIAL EDUCATION FUND APPLICATION FOR FUNDING

APPLICANT INFORMATION Name Address City/State/Zip Home Phone Cell Phone Work Phone E-mail **FOR APPLICANTS UNDER THE AGE OF 18** Grade student will enter in August 20_: Parent/Guardian name(s) **IF DIFFERENT FROM THE APPLICANT'S:** Address City/State/Zip Home Phone Cell Phone

work Phone				
E-mail				
The following quest Wilson Memorial E be useful to our comother information that answering the follow	ollowing information for the camp/pions are not necessarily requiremend ducation Fund. Instead, they are mainttee in making funding decisions nat you feel would be useful to us as ving questions, please feel free to ad t addresses all of these issues.	nts for an award from the John neant to elicit information that s. In that vein, please include a s we make award decisions. In	d from the John aformation that will please include any decisions. In	
Total camp/project co	ost:	\$		
Total amount of fund John Wilson Memori	ing you seek from the al Education Fund:	\$		
•	involvement and activities, if any, wit Center, the Ohio Young Birders Club,		_	
Please describe the ca	amp/project for which you seek funding	ng.		

Please describe how the camp/project for which you seek funding will further your environmental education.
Please describe how the camp/project for which you seek funding will further the environmental education of your community.

Please describe any commitments/efforts you have made to fund your camp/project, in addition to seeking funding from the John Wilson Memorial Education Fund.		
Please provide us with any other information that you want us to consider in making our decision.		
Applicant's signature:		
Parent's signature (if applicant is under 18)		