



PlayGarden Scholarship Request Form

Program: _____

Child's Name: _____

Parent's Name: _____

Parent Email Address: _____

Full rate of program: _____

Amount your family is able to contribute: _____

Amount requesting in scholarship: _____

Please use the space below to describe your financial need, including any anticipated changes in financial circumstances, and any other related information you'd like to share.

Signature: _____ Date: _____

Once submitted, our Executive Director Liz will review your request and you will be contacted regarding your request as soon as possible.