



Growing Routes

info@growingroutes.org

P.O. Box 8638, Portland ME 04104

Financial Aid Application

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #1: _____

Parent/Guardian Phone #2: _____

Email Address: _____

How did you hear about Growing Routes?:

Participant's age: _____

Program Applying For: _____

Date Program Begins: _____

Program Fee: _____

How much will the family be able to contribute to the program fee?

(Growing Routes can fund up to 50%):

In participant's own words (written or dictated), please tell us why you want to come to this program:

Parents, please tell us why you would like your child to attend this program:

Applicant's Signature: _____

Parent/Guardian Signature: _____

Date: _____ / _____ / _____