



**Buffalo Urban Outdoor Education
2010 Fee Assistance Application**

Please note that, while we are very pleased to be able to offer this assistance, funding is limited. Requests will be reviewed on a first-come, first-served basis.

Name _____

Name of Organization/School _____

Address _____

City, State, Zip _____

Phone _____ **Email** _____

Is your institution a Title 1 school? _____

Percentage of students/youth at your organization who qualify for free- or reduced-lunches: _____

Is your organization a recognized 501(c) 3 organization? _____

What amount of assistance are you requesting (\$50 - \$550)? _____

If you do not receive full funding, what is the maximum amount you could afford per student? _____

How will our program strengthen or support your students and/or your curriculum or program? Please describe how you think this program will benefit your students.

Please provide any additional explanation of need below.

**Please return this form to:
Buffalo Urban Outdoor Education
PO Box 168
Buffalo, NY 14213
kate@buoe.org**