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Financial Assistance Application

The purpose of this financial assistance application is to request monetary help with the payment for the Kids Safari Trip on April 4, 2022, at the Virginia Safari Park, 229 Safari Ln, Natural Bridge, VA 24578.

I, _____ am requesting financial assistance for the
(First and Last Name)

Kids Safari Trip _____ .
(Safari Trip Participant)

Financial aid awards are based on financial need and available funding. Please indicate the amount of financial assistance needed ____ Full (\$65) ____ Partial (\$32.50). Please share reason(s) for your request: _____

Contact Information:

Phone: _____ Email: _____

Address: _____

Award Criteria:

- Information provided in this application is true and accurate.
- Safari trip participant must be a middle school student in Richmond, Henrico, Chesterfield or Petersburg area.

Signature _____ Date _____

Please return the completed form to risingtowardssuccess@gmail.com. For questions, call 804-310-5055.