



FINANCIAL ASSISTANCE APPLICATION

Email:

Name of Parent/Guardian:

Name of Child:

Age of Child:

Phone Number:

Gross Annual Family Income:

Less than \$20,000

\$20,000 - \$34,999

\$35,000 - \$49,999

\$50,000 - \$74,999

\$75,000 - \$99,999

Over \$100,000

Has your child(ren) attended Connolly Ranch before? If so, when.

How did you hear about us?

Please describe any relevant financial circumstances you'd like us to know about.

How much can your family contribute to the enrollment fee?

Which program are you interested in?

What year and season are you interested in?

What days & times are you interested in?

Is there anything else you would like to share?

Thank you!

**Email your completed form to ap@connollyranch.org.
See all Connolly Ranch Financial Assistance details & deadlines on our website.**