



**Life Adventure Center & Buckley Wildlife Sanctuary**

570 Milner Road, Versailles, KY 40383

Phone: 859-873-3271 \* Fax 859-873-2410

Email: [info@lifeadventurecenter.org](mailto:info@lifeadventurecenter.org)

### **Life Adventure Center Group Scholarship Application 2022**

Life Adventure Center is a nonprofit organization committed to building resilience through outdoor adventure. Our programs are available to everyone – regardless of background, ability or income. Generous donors support program fees for a limited number of participants on a need-based, first come, first served basis. LAC’s Financial Aid program follows an income-based scale, designed to fit an individual’s or household’s financial situation. To foster a sense of ownership all Groups/Organizations need to register online with us at [www.lifeadventurecenter.org](http://www.lifeadventurecenter.org).

I understand that:

1. Life Adventure Center is a non-profit organization. Financial aid is made possible through the generosity of donors.
2. I agree to submit the requested documentation (listed below) in order for my applications to be reviewed and processed.
3. Assistance will be awarded subject to availability.

#### **Organization Contact Information**

After reviewing the application, LAC will determine financial assistance eligibility within two weeks of receiving a completed application. Your application cannot be processed until all required documents are provided.

Organization/Group Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Main Organization/Group Office Phone Number: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your Organization a Non-Profit? Yes/No

Number of Participants Participating in Programming: \_\_\_\_\_

Participants are Minors: Yes/ No

Any special needs we need to be aware of with your participants?

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**Submit Applications to:**  
**[info@lifeadventurecenter.org](mailto:info@lifeadventurecenter.org)**





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Please explain financially why your organization needs financial aid (you may attach a separate document if you would like): \_\_\_\_\_

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Have you previously received funding from LAC? Yes/No

If Yes what was the funding for and the dates of when this funding was used?

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I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic denial and suspension from making future applications. I understand that I am applying for financial assistance and that this application is only valid for the Program that I am requesting assistance for. I further understand that to maintain my assistance, I will need to provide updated documentation when requested by LAC.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** ( \_\_\_ / \_\_\_ / \_\_\_ )

***For Office use only:***

Date Received (Completed Financial Aid Application): ( \_\_\_ / \_\_\_ / \_\_\_ )

Award Approved: 100%      50%      25%    Amount \$: \_\_\_\_\_

Program: \_\_\_\_\_ Date of Program: \_\_\_\_\_

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