FINANCIAL ASSISTANCE REQUEST FORM

Thanks to the generosity of our donors, the Institute of Flight is committed to ensuring that no child will be denied access to our educational offerings due to cost, so long as funds are available. We want to do our best to ensure that any young person who wants to participate in our programming has the opportunity to do so.

Name of Recipient (Individual or Group): ___________________________________________________________________
Name of Contact Person (if other than recipient): ___________________________________________________________________
Mailing Address __________________________________________________________________________________________
Phone # __________________________________________________
Email _____________________________________________________

Please check the space(s) that describes you best:
___ Public School Educator or Administrator
___ Private or Nonprofit Group Leader
___ Individual interested in Educational Programming (STEAM Camp or AMP)
___ Individual interested in Membership
___ Other

Describe: ___________________________________________________________________________________________________

Institute of Flight Membership number: ____________________________________________________________________

What program or service are you requesting? _____________________________________________________________

Why do you need assistance in paying for this program or service? ________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

If your group is a public school group, please provide your school’s percentage of free and reduced lunch recipients. ___________

If you are able to provide any documentation of this status or a letter of reference, please email it to education@futureofflight.org.

Please describe what type of financial assistance you require. Examples include discounts, transportation assistance, or substitute pay.
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Have you ever received financial assistance from the Institute of Flight?
___ Yes
___ No

If yes, please describe when you received this aid and what it funded. __________________________________________
_____________________________________________________________________________________________________________

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What other funding sources have you approached for financial assistance? Examples include your PTA, Rotary Club, etc. ________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
Primary Contact Signature

______________________________________________________
Date: ________________________________________________

Financial Assistance forms are due one month prior to the requested program or service. Once submitted, an Institute of Flight staff member will contact you to discuss this application. In order to complete your request, a 20% deposit must be placed to hold your reservation. Institute of Flight membership is required to receive financial assistance funds. Financial assistance forms are valid until December 31 of the year in which they are submitted.

Please send this form to:

Education Director
Institute of Flight
8415 Paine Field Boulevard
Mukilteo, WA 98275
education@futureofflight.org

If you do not get a response within a week, please call 425-438-8100 x245 and ask to speak to the Education Director to confirm that your paperwork is in process.

FOR OFFICE USE ONLY:
Education Department Director

______________________________________________________
Finance Manager

______________________________________________________
Description of Financial Assistance Institute of Flight Offers: ________________________________________________________________
_____________________________________________________________________________________________________________
Description of recipient’s contribution: _____________________________________________________________________
_____________________________________________________________________________________________________________
Accepted: ___ Yes   ___ No   Date Accepted: ________________________________________________________________
If not accepted, why not? ___________________________________________________________________________________
Notes: ____________________________________________________________________________________________________
_____________________________________________________________________________________________________________