



## **2024 Financial Assistance Application for Programs**

North Country Animal League is committed to providing quality humane education programs for children and adults in our community, regardless of household income. Anyone who can demonstrate a need for financial assistance to attend a program is encouraged to apply. Scholarships are made possible through NCAL's Amelia Scholarship Fund and through the generosity of individual private donations.

Awards for financial assistance are distributed on a needs-basis and depend on the availability of funds. Kindly follow the listed instructions below and submit the completed form with signature to [education@ncal.com](mailto:education@ncal.com) as soon as possible for the best chance of receiving assistance. Please understand that **funds are limited and granted on a needs and first-come, first-serve basis.**

To apply for financial assistance:

- Ensure program registration is completed online (select 'pay by check/in person' option in the payment field, and 'applying for financial assistance option').
- Submit form online or return completed form to the address below (email preferred). Processing may take up to two weeks or more.
- NCAL will send you an email, verifying whether or not your application has been approved, and the amount of assistance awarded. Please check your spam email.

Here at NCAL we strive to serve our community to the best of our capacity. Financial assistance funds come from donations which are limited, and we encourage families and individuals to pay what they can afford, so that we may serve as many people as possible. We request for your cooperation and understanding of rates offered by NCAL, which will be decided upon after thorough evaluation on our part.

*Thank you,*

Email: [education@ncal.com](mailto:education@ncal.com) Phone: 802-888-5065  
North Country Animal League  
16 Mountain View Meadow Rd.  
Morrisville, VT 05661

**NCAL Financial Assistance Application. Please complete for EACH applicant.**

Anyone requesting financial assistance must complete this form. All applications will be reviewed and you will be notified by email if you qualify for assistance.

Name of Applicant: \_\_\_\_\_

Birthdate & Age: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List which program and session you are applying financial assistance for:

\_\_\_\_\_

Has the applicant attended an NCAL Program before?  Yes  No  Not sure

**Scholarship Eligibility Requirements:**

Household Size	Tier I: 25-50% Scholarship	Tier II: 50-75% Scholarship	Tier III: 75-100% Scholarship
2	Less than \$55k annual income	Less than \$24k annual income	Less than \$20k annual income
3	Less than \$60k annual income	Less than \$30k annual income	Less than \$22k annual income
4	Less than \$76k annual income	Less than \$47k annual income	Less than \$27k annual income
5	Less than \$82k annual income	Less than \$52k annual income	Less than \$31k annual income
6	Less than \$89k annual income	Less than \$55k annual income	Less than \$35k annual income
7	Less than \$95k annual income	Less than \$60k annual income	Less than \$40k annual income

Select Scholarship Request (please refer to the Scholarship Eligibility Requirements above):

Tier I: 25-50% Scholarship  Tier II : 50-75% Scholarship  Tier III: 75-100% Scholarship

**Financial Information:**

Gross annual household income: \_\_\_\_\_ Number of individuals in the household: \_\_\_\_\_

**Please note: We may ask for a copy of your most recent tax return to substantiate income and deductions if the applicant is selected for assistance.**

**Does your household receive any benefits and services from the State of Vermont:**

3SquaresVT (SNAP/EBT)       Medicaid

Not currently receiving state benefits but working with a case manager at a social services agency or receiving regular assistance from a church, food pantry, etc. - If so, please share the name and contact information of an agency representative who can verify you are receiving this kind of community support:

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Others - If so, please explain: \_\_\_\_\_

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**Statement of Financial Need:**

Please write a short statement describing your family/household financial situation. Be sure to include any special circumstances you would like us to consider during the review of this application.

**Benefit of Attending Program:**

Please write a short statement describing how the applicant would benefit from the program in relation to your request for financial assistance. If applying for your child, you are welcome to include something from them (picture, poem, etc.) demonstrating their interest in the program theme (insert or send to [education@ncal.com](mailto:education@ncal.com)).

**Please note:** An NCAL staff member may call or email you for more information. We respect your privacy, and all information will remain confidential.

**I certify that the information I have provided within this application is true and correct to the best of my knowledge, and current as of this date. I give my consent to NCAL to verify any or all of the information on this application:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_