**Leslie Kiehl WINC Education Program Fund Application**

Wildlife in Need Center (WINC) is pleased to be able to offer funds from the Leslie Kiehl WINC Education Program. Funds are available for approved applicants of small organizations unable to pay all or a portion of the fee for a WINC education program. Approved funds may only be used and applied toward the payment of a WINC education program fee and for programs scheduled on a mutually agreed upon date and location. For more information about this fund, please visit our website: <http://www.helpingwildlife.org/educate/leslie-kiehl-program-fund/>

Applications must be received by WINC by the following dates:

1. February 15th
2. May 15th
3. September 15th

Please complete this application and email it to: [education@helpingwildlife.org](mailto:KiehlEdFund@helpingwildlife.org)

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| **Organization Information** | | | | | | |
| **Organization name** |  | | | | | |
| **Full address** |  | | | | | |
| **Contact person name & title** |  | | | | | |
| **Telephone number** |  | | | | | |
| **Email address** |  | | | | | |
| **Website** |  | | | | | |
| **Organization size**  (# employees) |  | | | | | |
| **Fund Request Information** | | | | | | |
| **Amount requested** | $ | | | | | |
| **Is your organization able to pay for a portion of the fee**  (cash or in kind goods)? If yes, please indicate the amount) | | | * Yes | $ | | * No |
| **Estimated number of individuals that will attend the WINC education program** | | | | |  | |
| **Preferred education program date(s)** | |  | | | | |
| **Preferred education program location** | |  | | | | |

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| **“Pay it Forward”** |
| We ask that approved applicants “pay it forward” to wildlife. The main goal is for organizations to take an active part in fostering the environment. Recipients of this fund will be requested to provide:   1. A brief summary report to WINC that includes how the service project was completed, any roadblocks and/or unforeseen outcomes, and the age and number of the people that participated, etc. 2. Photographs of the service project being completed   Feel free to contact us to help brainstorm ideas on how to “pay it forward”.  **Please describe here how your organization plans to “pay it forward” and projected completion date:** |
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| **Applicant Acknowledgment** |
| The individual whose name is listed below hereby verifies that he/she is authorized by the applicant organization to submit this application and that the information contained in the application and supporting documents is true and correct.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | |  | |  |  | | | | Full Name | |  | |  | | Date | | | |  | |  | |  | |  | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | |  | |  |  | | | | Title | |  | |  | |  | | | |  | |  | |  | |  | | | |