

# Mount Rainier Institute Tuition Options

Hazel Wolf K-8 ESTEM School

<b>Date</b>	September 19-22, 2016	
<b>Time</b>	Four days – three nights	
<b>Location</b>	Mount Rainier Institute	
<b>Cost</b> <i>Total cost for students is \$285 and for chaperones it is \$190. However we recognize some families are not able to pay this amount. <b>This does not mean your student or you cannot go!</b> Please indicate what you will be able to afford for the trip. Keep in mind that paying the full amount (if you can) enables us to help other students.</i>  <i>Your response is kept confidential.</i>	<u>Choose one for Student Tuition:</u>  <input type="checkbox"/> \$285  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> \$210  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> \$180  <input type="checkbox"/> None of these choices work for our family. I will complete the scholarship request on the back of this page.	<u>If you are requesting to be a Chaperone, choose one:</u>  <input type="checkbox"/> \$190  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> \$80  <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> None of these choices work for our family. I will complete the scholarship request on the back of this page.
<b>Transportation</b>	Bus	
<b>Notes</b>	Payment is due before September 16, 2016. See the back for a payment plan option. Remit checks to Hazel Wolf K-8 E-STEM School.	

Your Child's Name: \_\_\_\_\_

- I am interested in Chaperoning and have e-mailed my request to be added to the list to Christine Benita at [cabenita@seattleschools.org](mailto:cabenita@seattleschools.org).

My Name: \_\_\_\_\_

Contact: \_\_\_\_\_



**Hazel Wolf K-8 E-STEM School**  
**Mt. Rainier Institute Scholarship Request**

Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

We are applying for a Mt. Rainier Institute Scholarship for this amount \$\_\_\_\_\_.

We are requesting a payment plan option as described below.

Reason(s) we are requesting a scholarship or a description of a payment plan.

Return this form to Ms. Nelsen. This information will be kept confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date