

<b>For office use only</b>
Date received: _____
Interview Date: _____

**ETC YOUTH LEAD SCHOLARSHIP  
Watershed ED-ventures**

**PART I STUDENT INFO**

Read the instructions carefully and send this application back to ETC as soon as possible as spaces are limited. Please note that there are 2 sides to this paper.

Name: \_\_\_\_\_ Age at course start: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Best hours/days to call: \_\_\_\_\_

Guardians work phone: \_\_\_\_\_ Guardian cell phone: \_\_\_\_\_

Student cell phone: \_\_\_\_\_

Student's address (City/State/Zip): \_\_\_\_\_

E-Mail address(s): \_\_\_\_\_

**II SCHOLARSHIP REQUEST**

Due to the limited nature of our scholarship funds, we expect applicants to contribute a portion of the cost. When applying for a scholarship, please indicate the amount which you are able to contribute.

TOTAL COST OF THE 24 DAY TRIP \$ 3400

TOTAL COST OF THE 21 DAY TRIP \$ 3200

TOTAL COST OF THE 12 DAY TRIP \$ 1300

AMOUNT OF SCHOLARSHIP REQUESTED \$ \_\_\_\_\_

PERSONAL CONTRIBUTION \$ \_\_\_\_\_

**III ESSAYS**

Please write the following two essays and attach them to this scholarship form. The essays should be at least one page double-spaced typed or legibly handwritten.

**A) STUDENT SECTION**

Please explain why the Youth LEAD Program would be an important addition to your future goals and what makes you a unique individual

**B) PARENT/GAURDIAN SECTION**

Please describe how your child will benefit from participation in the program and provide and explanation of your financial need. Please relate special circumstances that we should be aware of in considering your child's application for financial aid.

Please turn this sheet over→

**IV FINANCIAL OUTLINE**

TOTAL TAXABLE INCOME \$ \_\_\_\_\_

TOTAL PUBLIC ASSISTANCE \$ \_\_\_\_\_

TOTAL CHILD SUPPORT \$ \_\_\_\_\_

TOTAL NON-TAXABLE INCOME \$ \_\_\_\_\_

**V EXPENSES**

Please list your major monthly expenses below

HOUSE \$ \_\_\_\_\_

FOOD \$ \_\_\_\_\_

ULTILITIES \$ \_\_\_\_\_

PHONE \$ \_\_\_\_\_

LOANS \$ \_\_\_\_\_

EDUCATION (If applicable) \$ \_\_\_\_\_

ADDITIONAL EXPENSES \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

I, \_\_\_\_\_ (Print Name) undersigned attest that the above financial information is accurate and to the best of my knowledge.

**X** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**SIGNATURE OF PARENT/GAURDIAN**

Please submit this paper and direct any questions to:

**Environmental Traveling Companions  
Youth LEAD Program Coordinator  
Fort Mason Center, Building C  
San Francisco, CA 94123  
Phone: (415) 474-7662 ext. 16  
FAX: (415) 474-3919  
EMAIL: ylp@etctrips.org**