



For office use only
Date received: _____
Interview Date: _____

ENVIRONMENTAL TRAVELING COMPANIONS (ETC)
YOUTH LEAD SCHOLARSHIP FORM

STUDENT & FAMILY INFO

Thank you for your interest in the ETC Youth LEAD Program! We strive to make outdoor experiences accessible to all regardless of ability or economic status. We offer a range of scholarships and we will try our best to accommodate your request. We ask that families self-assess their circumstances and pay what they can. **Please read the instructions carefully and send this application back to Amy at ylp@etctrips.org, within 10 days of your interview, as spaces are limited.**

Name of Participant: _____ Age at course start: _____
Date of birth: _____

Parent/Guardian Name: _____
Parent/Guardian E-Mail address(s): _____
Parent/Guardian Cell Phone: _____
Best hours/days to call: _____

Address: _____

SCHOLARSHIP REQUEST *(To be filled out by the parent or legal guardian)*

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

TOTAL COST OF YOUR TRIP \$ _____

AMOUNT OF SCHOLARSHIP REQUESTED \$ _____

PERSONAL CONTRIBUTION \$ _____

ESSAY:

Since we often have many scholarship requests, we ask that the student applicant please answer the following questions and attach this to the scholarship form. The essay does not need to be longer than one page double-spaced typed or legibly handwritten. Please feel free to use ideas from your initial online application answers!

Please explain:

1. Why would you like to go on a Youth LEAD adventure course?
2. What unique qualities or attributes would you contribute to the program?
3. What is something you would like to take away from the experience?

IV FINANCIAL OUTLINE (To be filled out by the parent or legal guardian)

TOTAL FAMILY TAXABLE INCOME \$ _____
TOTAL PUBLIC ASSISTANCE \$ _____
TOTAL CHILD SUPPORT \$ _____
TOTAL NON-TAXABLE INCOME \$ _____

V EXPENSES (To be filled out by the parent or legal guardian)

Please list your major monthly expenses below. Some sections may not be applicable.

HOUSING OR RENT \$ _____
TRANSPORTATION & CAR INSURANCE \$ _____
FOOD AND GROCERY \$ _____
CHILDCARE AND SCHOOL COSTS \$ _____
UTILITY BILLS \$ _____
LOANS \$ _____
ANY ADDITIONAL EXPENSES \$ _____

Please specify if needed: _____

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/GUARDIAN

Please submit this paper, and your student essay, by email and direct any questions to:

Amy Yoger
ETC Youth LEAD Program Manager
Fort Mason Center, Building C
San Francisco, CA 94123

Phone: (415) 474-7662 ext. 16
EMAIL: ylp@etctrips.org