



Environmental Traveling Companions (ETC)  
**Youth LEAD Scholarship Form**

**I. 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 Isabela Celedón at [ylp@etctrips.org](mailto:ylp@etctrips.org) within 10 days of your interview, as spaces are limited.

Name of Student: \_\_\_\_\_  
Age at course start: \_\_\_\_\_  
Course name and start date: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Student Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian email address(s): \_\_\_\_\_  
Parent/Guardian cell phone: \_\_\_\_\_  
Best hours/days to call: \_\_\_\_\_

**II. SCHOLARSHIP REQUEST *(To be completed 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 THE COURSE..... \$ \_\_\_\_\_  
REQUESTED SCHOLARSHIP AMOUNT..... \$ \_\_\_\_\_  
PERSONAL CONTRIBUTION..... \$ \_\_\_\_\_

**III. ESSAY *(To be completed by the Student)***

We ask that the Student please provide a written response to the following questions, submitted along with this form as indicated above. Each question should be answered with at least one paragraph (total of three paragraphs minimum), either typed or handwritten legibly. Please feel free to use ideas from your initial online application answers!

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 RECEIVED ..... \$ \_\_\_\_\_  
 TOTAL CHILD SUPPORT RECEIVED..... \$ \_\_\_\_\_  
 TOTAL NON-TAXABLE INCOME..... \$ \_\_\_\_\_

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

Please list your major **monthly** expenses below. Please indicate if any sections are not applicable.

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

*Please specify if needed:* \_\_\_\_\_

**MONTHLY TOTAL EXPENSES:** \$ \_\_\_\_\_

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

X \_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN DATE

**Please submit this form and the student essay to:**  
 Isabela Celedón, ETC Youth LEAD Program Manager  
 Email: [ylp@etctrips.org](mailto:ylp@etctrips.org)

*If needed, a hard copy may be mailed to:*  
 Environmental Traveling Companions  
 2 Marina Blvd  
 Fort Mason Center, Building C, Suite C385  
 San Francisco, CA 94123