



Environmental Traveling Companions
Scholarship Application
Shared Expedition

General Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Daytime) _____ Phone (Evening) _____

Email _____

Please describe the nature of the participants special need _____

Trip you are applying for: _____

Financial Information

Does participant requesting scholarship receive any of the following financial assistance (please circle)?

Social Security SSDI Medicaid Medicare Other (please specify) _____

Is the participant requesting scholarship currently employed (please circle)? Yes No

Income (Monthly)

Total Income \$ _____

Total Public Assistance \$ _____

Total Monthly Income \$ _____

Expenses (Monthly)

Housing \$ _____

Food \$ _____

Utilities \$ _____

Education (if applicable) \$ _____

Loans \$ _____

Medical Expenses (not covered by insurance) \$ _____

Additional Expenses \$ _____

Total Monthly Expenses \$ _____

Scholarship Request

Amounts of ETC scholarship awarded vary based on participants need, though we ask participants to contribute some amount toward the cost of the trip. When applying for a scholarship, please indicate the amount that you are requesting and the amount you are able to contribute.

Amount of Scholarship Requested \$ _____

Personal Contribution \$ _____

Please describe your reason for requesting scholarship assistance and why you would like to be a part of this trip (use additional page if necessary)

I _____ (print name) attest that the above information is accurate to the best of my knowledge.

Signature

Date

Please submit this form via email, fax, or post:
Environmental Traveling Companions
ATTN: Scholarships
2 Marina Blvd. #C385
San Francisco, CA. 94123

Email: info@etctrip.org
Phone: 415-474-7662 ext. 10