

SOLA Scholarship Application

A limited number of partial, need-based scholarships are available to families. Please complete this application in its entirety and Voyager Youth Program will review the information and contact you directly. We encourage you to contact the office so that we may discuss your particular situation or any questions you may have. This information will remain confidential.

Name of Family:

Mailing address:

Physical address:

Children:

1. Name _____ Date of Birth _____ Grade _____

2. Name _____ Date of Birth _____ Grade _____

3. Name _____ Date of Birth _____ Grade _____

Which program(s) would you like to attend?

Mountain Biking Climbing Summit the Peaks Camping Skills

How much can you afford to pay toward the total cost of the program? \$ _____

How many parents/adults are in your household? _____

Is your family on the Free or Reduced school lunch program? _____yes _____ no

What is your estimated gross weekly, monthly, or annual household income for:

2008 \$ _____ 2009 \$ _____

Do you own or rent? (please circle which)

Are you currently paying child support? _____ yes _____ no

Please share any unique financial hardships your family has recently experienced (i.e. loss of employment, recent medical challenges, unforeseen financial obligations, etc.)

Parent/Guardian Signature: _____

Date _____

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SOLA participant please complete the following questions:

Why do you want to attend SOLA?

What do you think you will gain from SOLA?

What do you like best about being outside?
