



**Spiritual Outdoor
Adventures**

SCHOLARSHIP APPLICATION

Youth Information

Name: _____ Birth Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Youth Group Organization: _____

Contact Person: _____ Phone: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Youth lives with: Both Parents Mother Father Grandparent(s) Other _____

Household Income

Gross Monthly Income: \$ _____ (salary, wages, tips, commissions, etc.)

All Other Assistance \$ _____ (alimony, child support, SSI, etc.)

Number of dependant children in family _____

By completing this application I am requesting financial assistance for a YSOA program. Award of financial assistance is at the sole discretion of YSOA. Any award of financial assistance does not include medical expenses for illness or injury incurred during a YSOA activity. All medical expenses are the responsibility of the Parent/Guardian. I certify that the information above is true to the best of my knowledge and that all sources of income are reported above.

Parent/Guardian Signature: _____ Date: _____