



# OUTDOOR EXPLORATIONS SCHOLARSHIP APPLICATION

*Thank you for your interest in applying for an OE Scholarship. Please fill out the following information:*

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Street Address City State Zip Code

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Program Name** **Program Date** **Program Cost**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your gross annual family income? \_\_\_\_\_

Number of dependents in family: \_\_\_\_\_

Did you participate in OE programs in 2008? \_\_\_\_\_ Did you receive a scholarship in 2008? \_\_\_\_\_

Are there any individuals providing for your financial needs? \_\_\_\_\_

\_\_\_\_\_

Are there any extenuating circumstances in your financial situation that you would like us to consider while processing your application request? If so, please note here: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: In order to reserve your spot on a program, we need your registration form, your medical form, and a \$10 registration fee per day. We will inform you of your scholarship status with a mailed receipt once all of this information is received. Only one scholarship application is required per year unless your financial situation changes. Thank you for applying!**

<b>Office use only:</b>	
Scholarship Awarded (please circle one):	FULL 50% NONE
Amount of scholarship: _____	Staff recommendation by: _____
Applicant notified via Receipt (date): _____	