

For office use only

Date received: _____

Interview Date: _____

**ETC YOUTH LEAD SCHOLARSHIP
Watershed ED-ventures**

PART I STUDENT INFO

Read the instructions carefully and send this application back to ETC as soon as possible as spaces are limited. Please note that there are 2 sides to this paper.

Name: _____ Age at course start: _____

Date of birth: _____

Home phone: _____ Best hours/days to call: _____

Guardians work phone: _____ Guardian cell phone: _____

Student cell phone: _____

Student's address (City/State/Zip): _____

E-Mail address(s): _____

II SCHOLARSHIP REQUEST

Due to the limited nature of our scholarship funds, we expect applicants to contribute a portion of the cost. When applying for a scholarship, please indicate the amount which you are able to contribute.

TOTAL COST OF THE 24 DAY TRIP \$ 3400

TOTAL COST OF THE 12 DAY TRIP \$ 1500

AMOUNT OF SCHOLARSHIP REQUESTED \$ _____

PERSONAL CONTRIBUTION \$ _____

III ESSAYS

Please write the following two essays and attach them to this scholarship form. The essays should be at least one page double-spaced typed or legibly handwritten.

A) STUDENT SECTION

Please explain why the Youth LEAD Program would be an important addition to your future goals and what makes you a unique individual

B) PARENT/GAURDIAN SECTION

Please describe how your child will benefit from participation in the program and provide and explanation of your financial need. Please relate special circumstances that we should be aware of in considering your child's application for financial aid.

Please turn this sheet over→

IV FINANCIAL OUTLINE

TOTAL FAMILY TAXABLE INCOME \$ _____
TOTAL PUBLIC ASSISTANCE \$ _____
TOTAL CHILD SUPPORT \$ _____
TOTAL NON-TAXABLE INCOME \$ _____

V EXPENSES

Please list your major monthly expenses below

HOUSE \$ _____
FOOD \$ _____
UTILITIES \$ _____
PHONE \$ _____
LOANS \$ _____
EDUCATION (If applicable) \$ _____
ADDITIONAL EXPENSES \$ _____
TOTAL \$ _____

I, _____ (Print Name) undersigned attest that the above financial information is accurate and to the best of my knowledge.

X _____ DATE: _____
SIGNATURE OF PARENT/GAURDIAN

Please submit this paper and direct any questions to:

Environmental Traveling Companions
Youth LEAD Program Coordinator
Fort Mason Center, Building C
San Francisco, CA 94123
Phone: (415) 474-7662 ext. 16
FAX: (415) 474-3919
EMAIL: ylp@etctrips.org