

## SPLORE Scholarship Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

SPLORE provides accessible outdoor adventures to people with disabilities and special needs at tremendously reduced rates. As an organization we strive to reduce the financial barriers that prevent people with disabilities from participating in life enhancing outdoor recreation. In order to determine the needs of each individual and group that applies for scholarship assistance and make the best possible decision around distributing limited scholarship funds we need you to complete the following scholarship application. In order to process your application we need you to complete all of the following sections. This information is for SPLORE use only and will remain confidential.

Please circle the income level that best matches the average household income level\* of you or the agency clients that will be participating in SPLORE programs.

Family Size	Very Low Income	Low income	Moderate Income
1	\$12,000	\$20,000	\$32,050
2	\$13,750	\$22,900	\$36,600
3	\$15,450	\$25,750	\$41,200
4	\$17,150	\$28,600	\$45,750
5	\$18,550	\$30,900	\$49,400
6	\$19,900	\$33,200	\$53,100
7	\$21,300	\$35,450	\$56,750
8	\$22,650	\$37,750	\$60,400

Please describe your need for scholarship assistance here:

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Please circle which program(s) you are apply for: Canoeing Climbing Skiing Rafting

We occasionally ask people that have received scholarship assistance to write a “letter of support” for SPLORE. These letters are used in marketing materials and to solicit additional scholarship support. Are you willing to write a letter of support?  yes  no

Thank you for providing us with this important information. We will use it to determine your level of assistance and will notify you upon receipt of this application.

I hereby acknowledge that to my knowledge the provided information is accurate.

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

Printed Name: \_\_\_\_\_