



## Agency Trip Application Form

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Have you been on a SPLORE trip before? Y N What trip: \_\_\_\_\_

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

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

Describe group/diagnosis/disabilities: \_\_\_\_\_

- Do clients have cognitive deficits? Y N \_\_\_\_\_
- Do clients use wheelchairs? Y N \_\_\_\_\_
- Are clients currently in treatment? Y N (Circle one) Psycho-social/behavioral, mental illness, substance dependency, other: \_\_\_\_\_

Number of clients: \_\_\_\_\_ Will agency provide care providers? Y N Number: \_\_\_\_\_

Please circle which program(s) you are interested in: Canoeing Climbing Rafting Other

- Day program
- Overnight
- Multi-Day
- Do you have a specific trip in mind: \_\_\_\_\_

What are your goals for a program? \_\_\_\_\_

Please circle the family size & income level that best matches the average household of your clients.

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

Income above the **Moderate** level does not qualify for Scholarship assistance.

Please describe any special circumstances for your need of scholarship assistance here:

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<p><i>For office use only: Eligible for Scholarship? Y N Very Low / Low / Moderate</i></p> <p><i>Appropriate trips: _____</i></p> <hr/> <hr/>
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