



Individual Trip Application Form

Name of participant: _____

Have you been on a SPLORÉ trip before? Y N What trip: _____

Address: _____

Phone: _____ E-Mail: _____

Parent/Guardian/Care Provider (if applicable): _____

Please describe the diagnosis/disability of the participant: _____

- Cognitive deficits? Y N _____
- Use a wheelchair? Y N _____
- Currently in treatment? Y N (Circle one) Psycho-social/behavioral, mental illness, substance dependency, other: _____

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 income level that best matches your average household income.

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:

For office use only: Eligible for Scholarship? Y N Very Low / Low / Moderate

Appropriate trips: _____
