



# INDIVIDUAL SCHOLARSHIP APPLICATION

For Office Use Only	
Date Received	___/___/___
New Participant	Y / N
Amount of Scholarship	\$ _____

**Peak 7 Adventures** phone: (509) 467 5550  
 6710 N Pittsburg St fax: (509) 483-0448  
 Spokane, WA 99217

All fields required unless otherwise noted.

Date of Application \_\_\_/\_\_\_/\_\_\_

### Participant Information

Name \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

Number Street Apt. #

City State Zip

Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail address \_\_\_\_\_

Age \_\_\_\_ School \_\_\_\_\_ Gender M / F

### Financial Information

Annual Income \$ \_\_\_\_\_ Number of Dependents \_\_\_\_ Do you own a house/condo? Y / N

Place of employment \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Parent/Guardian Name \_\_\_\_\_

First Middle Last

Cost of Trip \$ \_\_\_\_\_ per person Amount of Scholarship requested \$ \_\_\_\_\_ per person

Parent/Guardian Signature \_\_\_\_\_

### Organization Information (only fill out if you are participating on a trip through an organization)

Organization Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Trip Type  Rafting  Ascent Trip Date \_\_\_/\_\_\_/\_\_\_

Comments (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

