Get Kids Outside



Applicant For Trip Grant Funds							
Full Name:						Date:	
	Last	First			M.I.		
Address:							
	Street Address				Apartment/Unit #		
	City				State	ZIP Code	
Phone:			_ Email_				
Current Gra	de:	Amount Applying F	or:		Household I	ncome:	
Trip Appling	for:						
Are these grattending th	rant funds a requirement for is trip?	or you yes no			nt that your parent that you can atte	t or guardian YES end?	NO
Do you have attending wi	e a chaperone you would bith?		lf yes, wh	0?			_
Are you hop child?	ing to attend with another	YES NO	lf yes, wh	0?			_
Parent or Go Phone Num	uardian's Name and ber:						
		Ec	ducation				
School:		Addre	ess:				
	To:		YES	NO	Favorite		
School:		Addre	ess:				
From:	To:		YES	NO	Favorite Class:		
Other:		Addre	ess:				
From:	To:	_ Did you gradua	YES	NO	Favorite Class:		

	References
Please list three references not related to you.	
Full Name:	Relationship:
Organization:	Phone:
Address:	
Full Name:	D.L.C.
Organization:	
Address:	
Full Name:	Dolotionohio
Organization:	
Address:	
	nteer & Work Service
Company:	
Address:	Supervisor:
Responsibilities:	
From: To:	Reason for Leaving:
May we contact your previous supervisor for a refere	YES NO rence?
Company:	Phone:
Address:	• ·
Poeponeihilitios:	
responsibilities.	
From: To:	Reason for Leaving:
May we contact your previous supervisor for a refere	YES NO rence?
Company:	Phone:
Address:	0
Responsibilities:	
From: To:	
	YES NO
May we contact your previous supervisor for a refere	rence?

Disclaimer and Signature						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my cancellation of trip voucher.						
Signature:	Date:					

We recommend submitting a letter telling us a little more about yourself and why you are interested in this trip.