

Outdoor Adventures & Wheelchair Sport Program Scholarship Application



Today's Date _____

Please complete and provide all requested information to the best of your ability at least three weeks prior to the trip or event in order for Casa Colina Hospital and Centers for Healthcare to determine if you qualify for our Scholarship Program, which is based on Federal Poverty Guidelines. A Scholarship Application must be completed for each trip or activity that funds are requested.

SECTION I: PARTICIPANT/FAMILY INFORMATION

Name _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home # _____ E-mail _____

Total # in Household _____ # Of Dependents Under 21 _____

Check appropriate box: Married Single Domestic Partner

SECTION II: SCHOLARSHIP CONSIDERATION

Please state the reason(s) for the request of scholarship funding:

How will attending this trip benefit you?

Have you been on a trip with Outdoor Adventures in the past? Yes No
If yes, what was the name of the trip and approximate date? _____

Have you received any scholarship funding from Outdoor Adventures in the past year? Yes No
If yes, which trip(s) and for how much? _____

For which trip are you requesting a scholarship (list trip name and date)? _____

Amount of scholarship requested: \$ _____

SECTION III: GROSS MONTHLY INCOME

Monthly Amounts:

Earned Income-Participant/Head of Household	\$ _____
Spouse	\$ _____
Disability Income/SSI	\$ _____
General Assistance	\$ _____
Other	\$ _____
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Total Monthly Income	\$ _____

Remember to include funds from sources such as Unemployment Insurance, Dividends, Veteran's Benefits, Social Security, Interest, Alimony, Worker's Compensation, Child Support, Loans, Retirement, Interest from, Property, Etc.

Submit completed and signed Scholarship Application with a copy of last year's tax returns to:

Casa Colina Hospital and Centers for Health Care

ATTN: Michelle Del Real

Email to: mdelreal@casacolina.org

Note that applications with missing information or without tax returns will not be processed. If you have any questions, please contact Jessica Robledo at the number listed above.

Through my signature below, I certify that the above information is accurate and complete.

Signature or Participant	Printed Name	Date
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Signature (Parent or legal guardian for minors; or participant's legal representative if applicable)	Printed Name	Date
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