

# Scholarship Application

North Cascades Institute is committed to making our programs accessible to students from all backgrounds by offering scholarships. Scholarships are awarded based on financial need and application merit. Up to 80% of participants will receive a full or partial scholarship. **Scholarship Applications are due March 24;** scholarship recipients and parents/guardians will be notified via email by April 24. All scholarship recipients must submit a \$50 fee upon acceptance to the program and write a thank you letter to scholarship providers after their course.

Send your completed application to:

**North Cascades Institute, Attn: Youth Leadership Adventures, 810 State Route 20, Sedro-Woolley, WA 98284; fax: (360) 856-1934; scan/email: matt\_kraska@ncascades.org.** Questions, please contact Matt at 360-854-2579.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Do you qualify for free and reduced priced lunches  Yes  No

## PARENT/GUARDIAN INFORMATION

Parent/Guardian First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Parent/Guardian Primary Email: \_\_\_\_\_ Parent/Guardian Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## FINANCIAL INFORMATION

Monthly income: First adult: \$ \_\_\_\_\_/month Second adult: \$ \_\_\_\_\_/month  
*(include all sources such as government assistance and child support)*

Number of people supported by above income: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Please explain any special circumstances in your family that highlight why you need financial support: *(attach additional pages, if needed)*

| How much could you pay to make this program possible for you? Payment plans are available. Check the amount you can pay. | <input checked="" type="checkbox"/> the box | 70%                            | 50%                            | 25%                               | < 25% fill in the amount you can afford | check yes for payment plan |
|--|---|--------------------------------|--------------------------------|-----------------------------------|---|----------------------------|
|  | Ages 14-18 (8-day)                          | <input type="checkbox"/> \$695 | <input type="checkbox"/> \$495 | <input type="checkbox"/> \$246    | <input type="checkbox"/> \$ _____       | <input type="checkbox"/>   |
| Ages 16-18 (16-day)  | <input type="checkbox"/> \$1285             | <input type="checkbox"/> \$925 | <input type="checkbox"/> \$461 | <input type="checkbox"/> \$ _____ | <input type="checkbox"/>                |                            |

*I have read and understand the terms outlined above, and certify that the above information is accurate to the best of my knowledge.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_