



Wilderness Trek Christian Camp Individual Scholarship Request Form

Individual's name: _____ Today's date: _____

Parent (or Legal Guardian): _____ E-mail: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Day-time phone: _____ Mobile phone: _____

Individual's date of birth: _____ (Month) _____ (Day) _____ (Year)

Gender: _____ Male _____ (Female)

Please tell us about this individual and their household:

Average annual household income:

_____ Under \$ 9,000

_____ \$ 10,000 - \$ 17,000

_____ \$ 18,000 - \$ 24,000

_____ Over \$ 25,000

Ethnicity:

_____ African-American

_____ Caucasian

_____ Hispanic

_____ Other: _____

Parent/household situation: (check as many as apply)

_____ Mostly two-parent

_____ Mostly one-parent

_____ Drug use present

_____ Parent/sibling incarceration(s)

_____ Parent(s) unable to work

_____ Chronic unemployment

_____ Student(s) dropped out of school

_____ Other: _____

Does this individual have any physical or mental impairments which would affect their ability to participate in Wilderness Trek? _____ No _____ Yes (If, "yes", please explain.) Note: All participant's must have a doctor's physical and a signed release from a licensed physician.

Is there any thing else you would like to tell us about this individual and their family:

How do you think this individual (and their family) will benefit from participating in Wilderness Trek?

How does this individual handle themselves in stressful group situations?

If selected, can someone (or some organization) provide safe and reliable transportation to and from Trek?

Yes No

Thank you for your interest in the ministry of Wilderness Trek!

Scholarships decisions are based on need and availability.

We will contact you prior as soon as possible with our decision.

If you have questions, contact: **Edd Eason** at **800-833-4218** or **wtccmail@aol.com**

Please send this form to:

Edd Eason – Executive Director
Wilderness Trek Christian Camp, Inc.
PO Box 831040
Richardson, TX 75083-1040