



Environmental Traveling Companions  
Scholarship Application  
Friends & Families Trips

### General Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Email \_\_\_\_\_

Please describe the nature of the participants special need \_\_\_\_\_

\_\_\_\_\_

Trip you are applying for: \_\_\_\_\_

What other trips have you done or are planning to do with ETC this calendar year?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Financial Information

Does participant requesting scholarship receive any of the following financial assistance (please circle)?

Social Security      SSDI Medicaid      Medicare      Other (please specify) \_\_\_\_\_

Is the participant requesting scholarship currently employed (please circle)?      Yes      No

Income (Monthly)

Total Income      \$ \_\_\_\_\_

Total Public Assistance      \$ \_\_\_\_\_

**Total Monthly Income**      \$ \_\_\_\_\_

Expenses (Monthly)

**Total Monthly Expenses**      \$ \_\_\_\_\_

## Scholarship Request

Amounts of ETC scholarship awarded vary based on participants need, though we ask participants to contribute some amount toward the cost of the trip. When applying for a scholarship, please indicate the amount that you are requesting and the amount you are able to contribute.

Amount of Scholarship Requested \$ \_\_\_\_\_

Personal Contribution \$ \_\_\_\_\_

Please describe your reason for requesting scholarship assistance and why you would like to be a part of this trip (use additional page if necessary)

I \_\_\_\_\_ (print name) attest that the financial information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form via email, fax, or post:

Environmental Traveling Companions  
ATTN: Scholarships  
2 Marina Blvd. #C385  
San Francisco, CA. 94123

Email: [info@etctrips.org](mailto:info@etctrips.org)  
Phone: 415-474-7662 ext. 10  
Fax: 415-474-3919