



**Wilderness
Inquiry**

www.wildernessinquiry.org

Financial Aid Request Form

Complete and mail to:

808 14th Ave SE

Minneapolis, MN 55414

Or fax to: 612-676-9401

We make every effort to help people who need financial assistance. Completion of this form will help us determine how best to allocate financial assistance to those who need it most. Please return this completed form with your registration. Completion of this form does not guarantee receipt of financial aid.

Wilderness Inquiry provides all equipment and all meals on the trail. All you need to bring is your own personal clothing and footwear, sleeping bag, and sleeping pad. We will send you a detailed list of items once your participation is confirmed. We do have a limited supply of personal gear available for participants to borrow.

Girl Scout *destinations* Program

ALL INFORMATION ON THIS FORM TO BE COMPLETED BY A PARENT OR GUARDIAN

Name: _____

Address: _____

Home phone: ____/____/____ **Cell phone:** ____/____/____

Email address: _____

Desired trip or program: _____ Total fee: \$ _____

How many people (including yourself) are in your household? _____

What is your gross annual household income (before taxes)? \$ _____

Please check all of the following programs for which your family qualifies:

Medicaid

Food Stamps

Housing Subsidy (Section 8, etc.)

WIC

Waivered Services

School Free/Reduced Lunch Program

Do you qualify for other financial assistance programs? Please describe:

Please indicate whether any of the following apply to you:

Single parent

Unemployed

A family member living with me has a disability

If there are other circumstances that we should know about, please explain below:

How much are you able to contribute toward the trip/program? \$ _____

Can you obtain aid from other sources (family members, scholarships, etc.)? Yes No

If so, please list total amount. \$ _____

Would you be interested in making payments over time at no interest? Yes No

If you are able to spread out a portion of the fee over a period of up to 6 months, how much per month can you contribute? \$ _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Name (please print): _____

Signature: _____ Date: _____

Legal guardian must sign if participant is under 18 or considered a vulnerable adult.

- All information provided is confidential among those reviewing your application.
- If you are accepted into the program, you will be notified of your eligibility and/or award at the time you are notified of your acceptance.

Thank you for your interest in our program!

Wilderness Inquiry • 808 14th Ave SE • Minneapolis, MN • 55414

Phone 612-676-9400

Fax 612-676-9401

info@wildernessinquiry.org