



INDIVIDUAL SCHOLARSHIP APPLICATION

For Office Use Only
 Date Received ___/___/___
 New Participant Y / N
 Cost of trip \$_____

Peak 7 Adventures
 14617 N Newport Hwy Ste 7
 Mead WA 99021

phone: (509) 467-5550
 fax: (509) 483-0448

All fields required unless otherwise noted.

Date of Application ___/___/___
 Trip Date ___/___/___

Participant Information

Name _____

First Middle Last

Address _____

Number Street Apt. #

City State Zip

Telephone # (____) ____ - ____ E-mail address _____

Age ____ School _____ Gender M / F

Financial Information

Annual Household Income \$ _____ Number of household dependents including self _____

Place of employment _____ Work Number (____) ____ - ____

Parent/Guardian Name _____

First Middle Last

Cost of Trip \$ _____ per person Amount of Scholarship requested \$ _____ per person

*Parent/Guardian Signature _____

*By signing this document, you certify that the information reported is complete and correct.

Organization Information (only fill out if you are participating on a trip through an organization)

Organization Name _____

Contact Person _____

Telephone # (____) ____ - ____ Trip Type Rafting Ascent Climbing

Comments (optional) _____



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