

Youth Scholarship Application



Name (of teen): _____
Address: _____
Phone: _____

Email _____
Grade in fall '08 _____
School attending: _____

Applying for:

Fantastic Voyage- __Grades 9-12th (August 3-7th) __Grades 7-9th (August 12-16th)
__Apprenticeship- up to seven days, March-October

Please note: Families are responsible for transportation to and from the ship, including trips in the San Juan's

Family Financial Information:

Father (or guardian 1) Mother (or guardian 2)
Name _____
Occupation _____
Employer _____
Expected 2008 Income \$ _____ \$ _____

How many family members currently live in your household? _____

Tuition for the Fantastic Voyage Program is \$575.

Apprenticeship tuition is \$40/day.

How much financial assistance are you requesting at this time? \$ _____

Please describe why you are requesting assistance at this time (if more room is needed, please feel free to use back or additional paper:

What other information do you think would be helpful for us to know about your teen or scholarship need (please feel free to use back or additional paper)?

We, the undersigned, certify to the truth of the statements made in this application.

Signed _____ Date _____

(Father or guardian 1)

Signed _____ Date _____

(Mother or guardian 2)

*Please fill out the above information and mail or fax:
c/o Sound Experience, PO Box 1390, Port Townsend, WA 98368 or 360-379-0439*