

## Sound Experience Youth Scholarship Application

Name (of teen): \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

Grade in fall '19 \_\_\_\_\_

\_\_\_\_\_

School attending: \_\_\_\_\_

Phone: \_\_\_\_\_

### Applying for:

Fantastic Voyage- (August 10<sup>th</sup> -15<sup>th</sup>)

Girls at the Helm- (July 7<sup>th</sup>-10<sup>th</sup>)

Members Only Expedition (June 30-July2)

*Please note: Families are responsible for transportation to and from the ship, including trips in the San Juan Islands.*

### Family Financial Information:

Father (or guardian 1) Mother (or guardian 2)

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Expected 2019 Income \$ \_\_\_\_\_ \$ \_\_\_\_\_

How many family members currently live in your household? \_\_\_\_\_

Tuition for the Fantastic Voyage Program is \$785 for Members and \$925 for non-members.

Girls at the Helm tuition is \$525 for Members and \$615 for non-members.

Apprenticeship tuition is \$60/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:

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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)?

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**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 e-mail, mail or fax:*

**Susan Brittain c/o Sound Experience, PO Box 1390, Port Townsend, WA 98368 or 360-379-0439(fax). [susan@soundexp.org](mailto:susan@soundexp.org).**