Great Basin Outdoor School



**Scholarship Application**

This form is to be filled out by the student’s parent or guardian. Please note that all information submitted on this scholarship application form will be kept strictly confidential.

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Applying for Scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe how the student would specifically benefit from attending Great Basin Outdoor School.

Why are you, the parents, interested in an outdoor school experience for your child?

What is the student most looking forward to if they were awarded the scholarship?

Is there anything else you’d like us to know about this student?

**Scholarship Follow-Up**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Benefiting from Scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person filling out this follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did the student attend a Great Basin Outdoor School program?

What do you believe the student specifically got out of the Great Basin experience?

In the student’s own words, what did he/she think about the experience? What did he/she specifically learn?

Is there anything else you’d like us to know about the student’s experience?

Please sign here if we can use some of these follow-up comments anonymously in our publications.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_