

# ADVENTURES IN GOOD COMPANY FINANCIAL AID FORM

Adventures in Good Company has a strong commitment to providing financial single mothers who would otherwise be unable to afford the opportunity of one of our trips. However, the amount of financial aid we can award is limited. We ask that you make an honest assessment of the fee your family can afford for your trip, so that we can stretch our financial assistance dollars to serve as many participants as possible. Usual assistance is 10 to 50% of the trip fee.

Participant's name \_\_\_\_\_  
 Trip applied for \_\_\_\_\_

**1. Household Members:**

Number of Adults \_\_\_\_\_  
 Number of children under 18 y.o. \_\_\_\_\_  
 Other \_\_\_\_\_

**2. Household Income (list all jobs held)**

NAME	OCCUPATION	EMPLOYER	MONTHLY INCOME (BEFORE DEDUCTIONS)

**3. ALL other household income (welfare, social security, child support, etc.)**

TYPE OF INCOME	MONTHLY AMOUNT

**4. Total monthly household income** \_\_\_\_\_

**5. Are there any unusual expenses or circumstances your family is facing?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What is the monthly total of these expenses?** \_\_\_\_\_

**6. Please estimate the maximum amount you believe you can afford for the trip:** \_\_\_\_\_

**I certify that the above information is true and complete, and is an accurate representation of all income and funds available to pay for the course.**

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date