



**Wilderness
Inquiry**

www.wildernessinquiry.org

Financial Aid Request Form

Complete and mail to:

808 14th Ave SE

Minneapolis, MN 55414

Or fax to: 612-676-9401

We make every effort to help people who need financial assistance. Completion of this form will help us determine how best to allocate financial assistance to those who need it most. Please return this completed form with your registration.

Wilderness Inquiry provides all equipment and all meals on the trail. All you need to bring is your own personal clothing, sleeping bag, and sleeping pad. We will send you a detailed list of items once your participation is confirmed. We do have a limited supply of personal gear available for participants to borrow.

- Your chances of receiving financial aid increase if you can be flexible on trip dates and destinations.
- WI will make every effort to accommodate your request; however, there may not be financial aid available for a specific trip or program you want. In that case, we will tell you if there are other options available.
- Completion of this form does not guarantee receipt of financial aid. We will contact you within 2-3 weeks and let you know of your eligibility and/or award.
- Generally, WI does not make financial aid decisions more than 60 days prior to a trip start date.
- We may ask you to write a note to our donors after your trip to tell them about your experience.
- Unfortunately, we are not able to offer financial aid for international trips.

PLEASE COMPLETELY FILL IN THE INFORMATION BELOW.

Name: _____

Address: _____

Day phone: _____ / _____ **Evening phone:** _____ / _____

Email address: _____

Specific trip or program of interest to you: _____

What dates are you available to go/ participate? _____

How flexible are you in terms of dates that you can go? _____

Please check other activities you are interested in: Canoe Kayak Ski/Dogsled Any

How much advance notice do you require to join us on a trip? (Often we can award more financial aid if you can join us on short notice.)

Less than 1 week 1 week to 1 month More than 1 month

Please check all the following programs for which you qualify:

Medicaid

Food Stamps

Housing Subsidy (Section 8, etc.)

WIC

Waivered Services

School Free/Reduced Lunch Program

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Do you qualify for other financial assistance programs? Please describe:

How many people (including yourself) are in your household? _____

What is your gross annual household income (before taxes)? \$ _____

Please indicate whether any of the following apply to you:

Single parent Unemployed A family member living with me has special needs

If there are other circumstances that we should know about, please explain below:

How much are you able to contribute toward the trip/program? \$ _____

Can you obtain aid from other sources (Family members, scholarships, etc.)?

If so, please list total amount. \$ _____

Would you be interested in making payments over time (at no interest)? Yes No

If you were able to spread out your payment over a period of up to 6 months, how much per month would you be able to contribute? \$ _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Name (please print): _____

Signature: _____ Date: _____

Legal guardian must sign if participant is under 18 or considered a vulnerable adult.

- Please attach this request to your trip registration form and mail or fax it to Wilderness Inquiry.
- You can also register via our website at www.wildernessinquiry.org/register.
- If you have already registered, we will add this form to your file.
- All information provided is confidential.

Thank you for your interest in our program--we look forward to working with you!