

Dear Financial Aid applicant,

Enclosed you will find the Broadreach Financial Aid application. By completing the enclosed materials, you will be considered for a scholarship (typically a partial scholarship).

The selection criteria are based on a combination of financial need and individual merit. In addition, applicants must be physically and mentally capable to participate fully in their trip. The Broadreach Foundation expects all financial aid recipients to be motivated to accept the challenge of the program they select.

Applications are due May 1st. The first round of scholarships will be awarded on May 15th. After May 15th, scholarships may be awarded as additional funds become available. If you have any questions, please call the Broadreach office at 888-833-1907.

APPLICATION CHECKLIST (Please print and include with your application):

- Broadreach Foundation Financial Aid application**
 1. Please answer all questions
 2. All sections other than "Student" should be filled out by a parent or guardian
 3. Signatures of both the student and parent/guardian are required
- Broadreach or Academic Treks application online or attach to application**
- Attach an explanation of your financial need (optional)**

Sometimes numbers don't tell the entire story. This gives applicants and their parents an opportunity to elaborate on their need.
- Student essays**
- Personal reference (to be mailed separately)**
- Attach a copy of parent or guardian's most recent 1040 Tax Form**
- Attach a copy of applicant's most recent high school transcript**
- Mail your application to:**

The Broadreach Foundation
806 McCulloch Street #102
Raleigh, NC 27603
- I (We) declare that the information provided in this application is true and complete.
- I (We) have enclosed a copy of my (our) 1040 tax form(s).

Applicant Signature

Date

Parent/Guardian Signature

Date

THE BROADREACH FOUNDATION

STUDENT INFORMATION

Name

Permanent Address

Home Phone

Age Sex: Male Female

I am an alumnus of the program I am applying for: Yes No I am an alumnus of a summer program: Yes No

Please list the summer programs you have participated in:

ESTIMATE OF NEED

Course Tuition \$

Amount Family Can Provide \$

Course Airfare \$

Amount of Aid from Other Sources \$

Total Course Costs \$

Net Amount of Aid Requested from The Broadreach Foundation \$

PROGRAM INTERESTS

Please list any Broadreach or Academic Treks programs that you would like to be considered for scholarships. For a complete list, please see www.gobroadreach.com & www.academictreks.com.

Available dates for the summer: Please list when you are out of school and all available summer dates

CHILDREN IN YOUR FAMILY

Name of Child	Age	Annual School	School Cost	Amount of Educational Aid Received

INCOME INFORMATION

Total Parent(s) or Guardian:

INCOME

Salary before taxes

Other income

Interest, dividends

Support

TOTAL

EXPENSES

Living Expenses

Other annual bills

TOTAL

NET INCOME

Total income minus total expenses

ASSETS

Cash on hand & in accounts

Real estate value

Investments value

Other assets

Auto (year/model) Auto (year/model)

TOTAL

DEBTS

Mortgages

Bank Loans

Auto (year/model) Auto (year/model)

TOTAL

NET WORTH

STUDENT ESSAY

- Three essays are required. **You must respond to Question A.** For the other two, you may select any of the remaining questions.
 - Responses should be no more than 250 words per essay.
 - Typing is not required but be sure your answers are legible.
 - Submit each essay on a separate piece of paper and write the full question at the top.
- A. If you receive a scholarship and are able to participate in the program of your choice, what do you expect to get out of your experience and what will you bring to your group's experience?
- B. If you could go back in history and ask any famous person in history one question, whom would you choose, what would you ask, and why? Assume you'll get an honest answer.
- C. Why do you deserve to receive this scholarship?
- D. If you were offered a 60-second television spot during prime time to say or promote anything you wanted, how would you use this time?
- E. If, like a product, your behavior came with a guarantee, what could you honestly say about yourself?
- F. If you could find out only one fact about every person you meet, what fact would you want to know and why?
- G. Most people have a story or experience that they love to share with other people. Here's your chance. What's your story?
- H. What is something you have not yet done that you believe you can accomplish during your lifetime?

THE BROADREACH FOUNDATION

REFERENCE

- The applicant should complete the box below then give this form to the appropriate reference.
- The reference should be a teacher or school administrator. The reference may not be a family member.
- Reference forms are to be sent by the reference, not the applicant. This means that they will be sent separate from the application.

Applicant's Name (Please print)

Program Applied For:

Brief Description of Program Applied For:

I authorize _____ (name of reference) to answer the following questions and release the aforementioned reference from any liability as a result of their responses on this form. Further, I relinquish any right to review this form.

Dear Reference:

This form will be used to help determine financial aid awards for summer experiential education programs. Please return the completed form to the address indicated at your earliest convenience.

Please keep in mind that specific information is the most helpful and your responses are entirely confidential. Thank you for your time.

1. How do you know this person? How long have you known him or her?
2. What strengths will this person bring to their group?
3. How will this person benefit from an outdoor education adventure?
4. Why does this person deserve to receive a scholarship?
5. Is there any reason why this person might not be able to participate fully with regard to character, physical ability, or any other reason?
6. Is there anything else you would like the selection committee to know about this person?

Reference Name (Please print):

Organization and Position:

Email Address:

Phone Number (day):

(evening):

Signature:

Date:

PLEASE MAIL TO:

The Broadreach Foundation
806 McCulloch Street #102
Raleigh, NC 27603

broadreach/academic treks application

GENERAL INFORMATION Please Print Clearly

1st Choice Trip Code (Ex. STS11)		2nd Choice Trip Code					
First Name		Last Name		Nickname			
Home Address		City		State Zip			
Mother or Guardian Name		Phone (Work)		Fax (Work) Occupation			
Father or Guardian Name		Phone (Work)		Fax (Work) Occupation			
Sibling Names and Ages (Please List All Siblings)							
Home Phone		Home Fax		Mother's Cell		Father's Cell	
Mother's Email Address			Father's Email Address			For Broadreach communications use: (Check only one) <input type="checkbox"/> Mother's Email <input type="checkbox"/> Father's Email	
Does applicant live with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please Specify)							
Do you need duplicate mailings sent to an alternative address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include on a separate sheet of paper.							

PARTICIPANT INFORMATION

<input type="checkbox"/> Male <input type="checkbox"/> Female	Age During Summer	Current Grade	Date of Birth (Month / Day / Year)	Weight	Height	T-shirt Size (S, M, L, XL)	Shoe Size
Participant's Email Address		School			Participant's Phone (Cell or Boarding School)		
How did you hear about Broadreach? (Please Be Specific)				French Experience: <input type="checkbox"/> None <input type="checkbox"/> 1 Year <input type="checkbox"/> 2(+) Years Spanish Experience: <input type="checkbox"/> None <input type="checkbox"/> 1 Year <input type="checkbox"/> 2(+) Years Scuba Experience: <input type="checkbox"/> None <input type="checkbox"/> Certified <input type="checkbox"/> Referral Is there any history of asthma or respiratory problems? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PAYMENT INFORMATION

Please bill the credit card below for: \$1000 deposit Balance of Tuition on March 1st

Visa Mastercard

Card No. Exp. Date

Billing Address Home
 Other (Please include on a separate sheet of paper)

Cardholder Name (please print) Signature

DO YOU HAVE ANY FRIENDS WHO MIGHT LIKE TO GO ON AN ACADEMIC TREKS OR BROADREACH TRIP?

RECEIVE \$100 IF ANY NEW REFERRAL YOU LIST HERE SIGNS UP FOR A TRIP.
Use a separate sheet of paper for additional referrals.

Name	Address	City	State	Zip	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	City	State	Zip	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

With limited group sizes, our programs often fill quickly. We recommend you plan your trip early and reserve a spot as soon as possible.

Enrollment Checklist

- Call us at 888-833-1908 to check availability.
- Secure your spot by paying the \$1000 deposit over the phone with either Visa or Mastercard. Or please attach a check made payable to Broadreach, although your spot will not be secured until the deposit arrives.
- Fill out this application or complete our online application at www.academictreks.com.
- Attach a recent photo.
- Participant and parents or legal guardian should carefully read and sign the Terms of Agreement.
- Send your application to: Broadreach and AT
806 McCulloch Street
Suite #102
Raleigh, NC 27603
888-833-1907
919-256-8200
919-833-2129 fax

After we receive your application, we will contact you to confirm your enrollment and send you a packet of forms and information for your trip.