

SCHOLARSHIP APPLICATION
for Young Adults

Name: _____ Date: _____

Dates of trip for which you are applying: _____

Currently Enrolled in High School or College? Yes _____ No _____

School: _____ Highest Grade completed : _____

Currently employed? Yes _____ No _____ part-time/full-time (Circle)

Employer: _____

Volunteer or community service experience (include mandatory service):

Educational/community awards or achievements: _____

Talents or interests (music, art, academics, athletics, etc.): _____

Describe your financial need. Please note that the scholarship will most likely not cover the cost of the entire trip. What other financial resources or fundraising activities could supplement any scholarship award? _____

In addition to completing this application:

- * Please attach a 2 - 4 paragraph (250-350 word) essay describing your interest in the trip and what you hope to get from the experience.
- * Attach 2 letters of recommendation, one from a local professional (teacher, JPO, therapist, clergy, CPS, businessperson, etc.) and one from an adult who knows you personally.
- * Attach a completed Registration Form

Please see the trip page on the web site for the due date. Return the completed application to:
Kenosis, PO Box 10441, Prescott, AZ 86304

Applicants will be informed of scholarship awards three months before the trip.

REGISTRATION FORM
for Young Adults

Name: _____ DOB: _____
Address: _____ Phone: _____
_____ Citizenship: _____

e-mail: _____

Passport #: _____ (or provide when obtained)

Emergency contacts (2) _____
(address/phone) _____

Medical/Health Information

Allergies _____

Known medical/mental health conditions _____

Medication/Dosages _____

Medical Insurance Information _____

Blood Type _____ Other important Information _____

Do you smoke? _____

This trip requires a person to be in good health and of an adaptable nature. Traveling in any Third World country can test your resistance and your resilience. Each participant should have current medical coverage for illness and accident, and will be responsible for any medical expenses incurred. Travel insurance is recommended.

I understand that when my registration is accepted, I will receive further details on travel logistics: format and itinerary, information on other costs, what to bring, weather, health and altitude information. Prior to departure I will sign an Informed Consent and Release of Liability Form. I give permission for emergency medical treatment if it becomes necessary.

I agree that I will provide Kenosis with a short letter discussing my impressions of the trip and its impact on me. This letter will be signed dated and postmarked no later than thirty days after the end date of the formal group trip in which I participated. I give my permission for any part of this letter to be used for publicity in future programs.

I have read and filled out the above information to the best of my knowledge.

Printed Name

Signature

Date