

Life Adventure Center Group Scholarship Application 2022

Life Adventure Center is a nonprofit organization committed to building resilience through outdoor adventure. Our programs are available to everyone – regardless of background, ability or income. Generous donors support program fees for a limited number of participants on a need-based, first come, first served basis. LAC's Financial Aid program follows an income-based scale, designed to fit an individual's or household's financial situation. To foster a sense of ownership all Groups/Organizations need to register online with us at <u>www.lifeadventurecenter.org</u>.

I understand that:

- 1. Life Adventure Center is a non-profit organization. Financial aid is made possible through the generosity of donors.
- 2. I agree to submit the requested documentation (listed below) in order for my applications to be reviewed and processed.
- 3. Assistance will be awarded subject to availability.

Organization Contact Information

After reviewing the application, LAC will determine financial assistance eligibility within two weeks of receiving a completed application. Your application cannot be processed until all required documents are provided.

Organization/Group Name:							
Primary Contact Name:	Primary Phone:						
Primary Contact Email:							
Primary Contact Phone:	Main Organization/Grou	p Office Phone Number:					
Organization Address:							
City:	_State:	_Zip:					
Is your Organization a Non-Profit? Yes/No							
Number of Participants Participating in Programing:							
Participants are Minors: Yes/ No							
Any special needs we need to be aware of with your participants?							

Submit Applications to: info@lifeadventurecenter.org



Date (s) of requested program with LAC: ______ ____

LAC would like to have a long term relationship with the Organizations & Groups that we scholarship. Would your organization be interested in recurring programing throughout the year? Yes/ No

Our Mission:

Life Adventure Center uses outdoor adventure to transform lives affected by trauma and build more resilient people for a better world.

Values:

We are committed to making both the emotional and physical safety and well-being of children, individuals and families a priority.

We seek out and provide best practices of trauma-informed care to our participants that is humane, evidence based and research supported.

We aspire to maintain programs with high standards of community and social responsibility.

We believe every individual deserves to be treated with respect, dignity and sensitivity regardless of race, gender, sexual orientation, ability, color, family, marital status and life circumstances and regardless of religion, political affiliation, and viewpoints.

We are committed to teaching appreciation for all living things and an understanding about the interdependent relationships within the natural environment while encouraging sustainability principles.

Please tell us how your organization aligns with our Mission and Values (you may attach a separate document if you would like):



Please explain financially why your organization needs financial aid (you may attach a separate document if you would like): ______

Have you previously received funding from LAC? Yes/No

If Yes what was the funding for and the dates of when this funding was used?

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic denial and suspension from making future applications. I understand that I am applying for financial assistance and that this application is only valid for the Program that I am requesting assistance for. I further understand that to maintain my assistance, I will need to provide updated documentation when requested by LAC.

Signature of Parent / Guardian	:		_ Date: (/	/)
For Office use only:						
Date Received (Completed Fina	ncial Aid	Application): (//)				
Award Approved: 100%	50%	25% Amount \$:		_		
Program:		Date of Program:				

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