



135 Country Center Dr. #223
Pagosa Springs, Co. 81147
Scholarship@joingecko.org

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () E-mail Address: _____

Your Age: _____ When can you attend: (*spring, summer, fall, winter*) What length of program would you prefer _____

Are you a citizen of the United States? YES NO Do you have a current passport YES NO

Have you attended other outdoor education programs YES NO When _____

If yes, please describe you trip:

Education

Grade School Address: _____

From: _____ To: _____

Jr. High Address: _____

From: _____ To: _____

High School Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three personal references.

Full Name: _____ Relationship: _____
Company : _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company : _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____



Company
:

Phone: ()

Address:

Employment History

Company
:

Phone: ()

Address:

Supervisor:

Job Title:

Responsibilities:

From: To: Reason for Leaving:

May we contact your supervisor for a reference? YES NO

Company
:

Phone: ()

Address:

Supervisor:

Job Title:

Responsibilities:

From: To: Reason for Leaving:

May we contact your supervisor for a reference? YES NO

Company
:

Phone: ()

Address:

Supervisor:

Job Title:

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

*Please use this area to describe why you should be selected, and what you hope to gain from an outdoor adventure program:
Feel free to add any information you would like us to know about you*



I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in the cancellation of the scholarship.

Signature

: _____ Date: _____