



FINANCIAL AID REQUEST FORM

DB 20s/30s Arches Getaway, Moab UT – Oct 3-7, 2019

Please complete and return this form to:

DiscoveryBound - Attn: Outreach Dept.
dbinfo@discoverybound.org
5201 S. Quebec Street
Greenwood Village, CO 80111

Please return to us no later than:

Wednesday, August 28, 2019

IMPORTANT INFORMATION – PLEASE READ

Financial support is determined on household need, and grants for this program are usually awarded up to \$125. Grants are awarded in the order applications and online registrations are received and are asked to be kept strictly confidential.

After notification about the amount of aid you've been granted, you may cancel your registration within 48hrs if the aid does not meet your needs. After that point, any cancellations would be subject to our standard cancelation policy and fees.

FINANCIAL AID APPLICATION

All information provided is held in strict confidence

First and Last Names _____

Mailing Address _____

Cell Number _____

Email Address _____

Number of dependents in household: _____

Current annual household income range:

< \$15,000 \$15–30,000 \$30–50,000 \$50–80,000 >\$80,000

Approximate cost of air travel: _____

Please indicate the specific dollar amount of assistance requested for

1) Registration (up to \$125) _____

2) Air Travel (up to \$200) _____

Please explain why you are requesting financial assistance. We do consider surrounding circumstances for each household's need.

I agree to advise DiscoveryBound if, between the date of this application and the program I am attending, my financial situation changes to the extent that I will no longer require all, or part of this assistance.

Signature _____

Date _____