



New Directions

Scholarship Application

Thank you for expressing interest in New Directions' travel and holiday vacation programs. Enclosed is the information you requested.

To apply for financial assistance, please fill out the enclosed application and let us know what tours you might be interested in.

Completed applications and all accompanying information must be received by the New Directions' office by February 28th for Spring, Summer and Fall tours and by September 30th for all holiday tours.

A New Directions' scholarship committee of community volunteers will review and award scholarships in March and October of every year. You will be notified of their decision no later than 30 days after their meetings.

Unfortunately, we are unable to give scholarships to everyone who applies. We are constantly fundraising to provide financial assistance for as many people as possible. Most of the money raised goes toward our holiday programs to provide a family-style vacation for those without anywhere to go.

Again, thank you for your interest.

Sincerely,

Dee Duncan
Executive Director



New Directions Travel Scholarship Application Instructions

Please answer all questions completely. Please fill out clearly in dark ink, as these will be photocopied.

Completed applications and all accompanying information must be received by the New Directions' office by February 28th for Spring, Summer and Fall tours and by September 30th for all holiday tours.

A completed traveler profile is required unless New Directions has a recent (last 12 months) profile on file.

You may attach additional information or include extra pages if you want to supply the scholarship committee with more information.

Scholarship funds are limited. In order for the maximum number of applicants to receive scholarships, we ask that the applicant or others contribute as much as possible toward the cost of the tour.

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If you have any questions, please feel free to call the New Directions' office.

Thank you and good luck! We hope the applicant will be traveling soon.

New Directions

5276 Hollister Avenue #207, Santa Barbara, CA 93111

phone: (805) 967-2841 tollfree:(888) 967-2841 fax: (805) 964-7344

a 501(C)(3) Public Benefit Non-Profit Corporation



New Directions Scholarship Application

All information must be complete before the application can be reviewed
5276 Hollister Ave. #207, Santa Barbara, CA 93111 805-967-2841/888-967-2841

Applicant's Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Phone _____

Contact Person: _____

Relationship to applicant: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Please list the tour(s) the applicant is requesting a scholarship for (in order of preference)

Tour name	Tour #	Dates	Amount applicant or others can contribute toward tour fee.*
1.			
2.			
3.			
4.			

*Important: The recipient will also be responsible for:

- The full cost for Trip Cancellation Insurance (between 5 - 8% of published tour fee. Details will be sent to you.)
- Spending money for souvenirs.

Please explain why you feel the applicant should be selected? _____

3.) What will the applicant do during this time period if s/he is not selected? _____

4.) Please explain the financial situation of the applicant. _____

5.) Does the applicant have a state issued photo I.D.? _____ Passport? _____

6.) Can the applicant's needs be safely met with the equivalent of a 1:6 staff to traveler ratio? _____

If not, what ratio is needed? (ex: 1:1, 1:2, etc.) _____

7.) Does the traveler use a wheelchair? _____ Manual or Electric Walker? _____

8.) **Important:** Please complete the attached traveler profile unless New Directions has a current (within last year) application on file. Thank you.

TO REGISTER, complete both sides of this form & send with payment to:

Attach recent photo here

New Directions

5276 Hollister Ave., Suite #207 Santa Barbara, CA 93111 ph: (805) 967-2841 or tollfree: (888) 967-2841

How did you hear about New Directions? _____

TRAVELER'S INFO

Name _____ Nick Name _____ SS# _____ / _____ / _____

Street _____ City _____ State _____ Zip _____

Phone # _____ Male [] Female [] D.O.B. _____ / _____ / _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Is the Traveler conserved? YES [] NO []

Does the traveler have a State Photo I.D.? YES [] NO [] (Required By All Airlines For Boarding Any Plane!)

Does the traveler have a passport? YES [] NO [] (Required For All International Travel)

TOUR NAME _____ **TOUR #** _____

Traveler's Preferred Airports _____

Can Traveler fly alone on an airplane if a Tour Guide is at the gate waiting for them in LAX? [] YES [] NO

If NO, please explain why _____

Does the Traveler require more assistance than a 1:6 ratio? [] YES [] NO

If Yes, what ratio is needed & why? _____

Contact Person on first and last day of tour regarding travel logistics:

Name _____ Relationship _____

Phone # _____ Cell # _____ Pager # _____

Who would you like to receive the traveler's itinerary, flight info, packing lists, name badge, etc.?

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ email: _____

Parents or Others closely involved in life of traveler:

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ email: _____

Regional Center Case Manager:

Name _____ Regional Center _____

Street _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Send Financial Information to:

Name _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

PAYMENT INFORMATION (please make check or money order out to New Directions)

Tour Fee or Deposit \$ _____ (full payment is due 60 days prior to tour)

New Traveler Fee \$ _____ (one time \$25 fee)

→ New Directions Mug \$ _____ (\$5.00)

→ New Directions Fanny Pack \$ _____ (\$10.00)

→ New Directions Cap \$ _____ (\$15.00)

→ New Directions T-shirt \$ _____ (\$15.00 size S [] M [] L [] XL [] XXL [])

→ New Directions Back Pack \$ _____ (\$20.00)

YES! I support your wonderful work.

Here is my tax-deductible donation for: \$ _____

TOTAL: \$ _____

Please charge my Mastercard or VISA account # _____

Exp. Date: _____ / _____ CV# _____ (3-digit number printed on the back of your card)

Billing address of cardholder _____

NEW DIRECTIONS TRAVELER PROFILE

Traveler's Name _____ Date: _____

LIVING SITUATION Group Home Residential Facility With family Lives independently

COGNITIVE/MENTAL STATUS Mild Moderate Severe Mental Retardation Autistic
 Schizophrenia Cerebral Palsy Mental Illness Other _____

MEDICAL CONDITIONS

Food Allergies (please list) _____

Seizures Controlled Uncontrolled Date of last seizure _____

Diabetes Insulin Controlled Med Controlled Diet Controlled

Dietary Limitations/Restrictions? Describe _____

Communicable diseases: Hepatitis B, TB, (please specify) _____

VISION Okay If other describe _____

HEARING Okay If other describe _____

Communicates easily. If not describe _____

MOBILITY Okay Uses Manual Wheelchair Uses Electric Wheelchair Walker Cane

Needs Wheelchair only for distance Needs lift van Needs Hoyer Lift

SOCIAL BEHAVIOR Appropriate If not describe _____

Does Traveler have a history of aggressive or destructive behavior?* YES NO

If YES, describe _____

SLEEPING HABITS Sleeps soundly If other describe _____

Traveler may "room" with another traveler

Traveler must "room" with a tour guide because: _____

SELF CARE	Totally Independent	Assistance Needed		Describe Support Needed
		Verbal	Physical	
Dressing				
Bathing				
Toileting				<input type="checkbox"/> Needs sheet protection <input type="checkbox"/> Wears adult briefs <input type="checkbox"/> Restrict fluids in the P.M.
Feeding				
Hygiene				

Swims well Shallow end only Must wear float Does not Swim Hot Tub YES NO

STREET SAFETY Will stay with group May wander

MONEY SKILLS Traveler should hold own spending money Tour guide should hold traveler's money

Able to use phone reliably YES NO Able to Read YES NO

Does Traveler consume alcoholic beverages? YES NO Does Traveler smoke? YES NO

At a Theme Park does the Traveler like: Fast Rides Slow Rides No Rides at all

Describe any other pertinent information we should know about the traveler: _____

** If a traveler must be sent home early from a tour due to violent or disruptive behavior this will occur at the traveler's expense and without refund.*

Person Completing Profile _____ Signature _____