



## New Directions Travel Scholarship Application Instructions

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 28<sup>th</sup> for Spring, Summer and Fall tours and by August 31<sup>st</sup> for all holiday tours.***

Please answer all questions completely. Please fill out clearly in dark ink, as these will be photocopied. You may attach additional information or include extra pages if you want to supply the scholarship committee with more information.

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

A New Directions' scholarship committee will review and award scholarships in March and September of each 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 constantly fundraise 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. ***The majority of scholarships given are partial gifts in the \$500 - \$1,000 range.***

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** for people with disabilities, inc.

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



**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

fax: (805) 964-7344 email: hello@newdirectionstravel.org www.newdirectionstravel.org

How did you hear about New Directions? \_\_\_\_\_

**TRAVELER'S INFO**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

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 \_\_\_\_\_

Traveler requires a 1:4 ratio [ ] or 1:1 ratio [ ]

If a 1:1 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 # \_\_\_\_\_ email: \_\_\_\_\_

**Send Financial Information to:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ email: \_\_\_\_\_

**PAYMENT INFORMATION** (please make check or money order payable 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 T-shirt \$ **FREE!** (size S [ ] M [ ] L [ ] XL [ ] XXL [ ])

→ New Directions Coffee Mug \$ \_\_\_\_\_ (\$5.00)

→ New Directions Hat \$ \_\_\_\_\_ (\$10.00)

→ New Directions Fanny Pack \$ \_\_\_\_\_ (\$12.00)

→ New Directions Back Pack \$ \_\_\_\_\_ (\$25.00)

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 / Drug 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  Has tendency to wander

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

**PHONE SKILLS** 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 due to aggressive or disruptive behavior this will occur at the traveler's expense and without refund.*

**Person Completing Profile** \_\_\_\_\_ **Signature** \_\_\_\_\_