



TRIPS SCHOLARSHIP APPLICATION

This program is funded by a federal grant and we are required to collect certain information for reporting purposes. ***THIS INFORMATION IS CONFIDENTIAL*** and will be used to compile statistical data only. Please complete the following information:

PARTICIPANT NAME		DATE OF BIRTH*	AGE
ADDRESS*		PHONE*	
CITY	ZIP	EMAIL*	

PROOF OF AGE VERIFICATION

To verify age, provide a copy of a Government issued ID.

PROOF OF RESIDENCY DOCUMENTATION

To verify address, provide a copy of one of the following items:

- Government issued Driver's License with current address
- Most recent (less than 30 days old) original gas or electric bill

ETHNIC BACKGROUND	RACIAL BACKGROUND (Check one)	
<input type="checkbox"/> HISPANIC	<input type="checkbox"/> WHITE	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE & WHITE
<input type="checkbox"/> NON-HISPANIC	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE & BLACK
	<input type="checkbox"/> ASIAN	<input type="checkbox"/> ASIAN & WHITE
	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> BLACK & WHITE
	<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER	<input type="checkbox"/> OTHER MULTI-RACIAL

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under the penalty of perjury, I certify that the above information is true and correct.

APPLICANT SIGNATURE

DATE

Submit your completed application with required documentation via U.S. Postal Service or walk-in. No faxed or email applications will be accepted. For questions, please call 949-724-7433.

MAIL/ TRIPS
WALK-IN: 6427 Oak Canyon, Building 1
Irvine, CA 92618

FOR OFFICE USE ONLY:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
	_____ SIGNATURE	_____ SIGNATURE
	_____ DATE	_____ DATE
	<input type="checkbox"/> EXPIRED	<input type="checkbox"/> OTHER
	_____ SIGNATURE	_____ SIGNATURE
	_____ DATE	_____ DATE

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