



**BACKPACKING
WITH A
PURPOSE**

OPERATION GROUNDSWELL

FINANCIAL ASSISTANCE APPLICATION

You can type directly in this PDF - just save it to your desktop first!

PERSONAL DETAILS

Name: _____

Date of Birth: _____

Email Address: _____

First Choice OG Program: _____

Funding Requested: _____ %
(Maximum grant is 25% of program fee)

FINANCIAL DETAILS

Please complete every field below. Write N/A if not applicable. Specify currency.

YEARLY INCOME SEPTEMBER 2018 TO SEPTEMBER 2019

Employment Income	
Family Contributions	
Loans (or other aid to be repaid)	
Bursaries, Grants, or Scholarships (or other aid without expectation of repayment)	
TOTAL	

YEARLY EXPENSES SEPTEMBER 2018 TO SEPTEMBER 2019

Housing and Utilities	
Food and Other Necessities	
Transportation	
Phone, Internet, Cable, Other Media	
Tuition and School Supplies	
Other Expenses	
TOTAL	

TOTAL INCOME MINUS TOTAL EXPENSES

Please email this completed form **along with a brief letter outlining your financial situation** to financialsupport@operationgroundswell.com