



# JOSHUA EXPEDITIONS

300 E Davis St. Suite #101, McKinney, TX 75069 | (972) 542-3024 | travelje.org

## LEAVE A LEGACY SCHOLARSHIP

**\*\*PLEASE READ CAREFULLY** – This form must be completed, signed, and returned by email, mail or fax at least 90 days prior to your departure date to the contact information located at the bottom of this form. This form must accompany a typed essay of no more than 400 words describing how you plan to impact the world while on your JE tour. \*\*

**ALL FIELDS ARE REQUIRED – FORMS WITH MISSING INFORMATION WILL AUTOMATICALLY BE INELIGIBLE FOR THE SCHOLARSHIP.**

### **SCHOLARSHIP APPLICANT / TRAVELER INFORMATION**

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

Full Mailing Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: (circle one) Male Female

Email: \_\_\_\_\_

School / Church Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Expedition Number: \_\_\_\_\_ Destination: \_\_\_\_\_

### **RELEASE INFORMATION** (Must be completed in order to participate in any JE events or activities.)

\_\_\_\_\_ (Initial Here) I have read and agree with the terms and conditions of the JE Leave A Legacy Scholarship Program

\_\_\_\_\_ (Initial Here) I give JE and its representatives permission to use my child's and/or my scholarship essay in their publications and organization materials, including but not limited to travel brochures, digital/print marketing, website pages, and social media.

Please complete and sign the following section as it applies:

- 1) Traveler who is under 18 years of age and the parent and/or legal guardian of the traveler:

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on the above expedition with Joshua Expeditions, Inc. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the staff of Joshua Expeditions Inc., individual sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said minor which may be necessary and proper under the circumstances. I, the undersigned parent and/or guardian of said minor, do release, acquit, discharge, and covenant to hold harmless the Joshua Expeditions Inc. staff and sponsors from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident, incurred by my said child during the above marked dates while attending the Joshua Expeditions tour. I understand and hereby agree to assume all of the risks which may be encountered with my child's participation, in the above named

