



# RYAN OUTDOOR LEADERSHIP TRUST

## Grant Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Sally and Steve Ryan or Mary and George Shouldis: \_\_\_\_\_

### Education

Middle School: \_\_\_\_\_ Address: \_\_\_\_\_

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

### Program You Would Like to Attend

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_

Course Title: \_\_\_\_\_ Cost: \_\_\_\_\_

How will you pay for the cost? \_\_\_\_\_

How much of a ROLT Grant are you seeking? \_\_\_\_\_

Why do you want to attend this program? What do you hope to get out of this experience?

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Tell us about something (anything!) you have done that has inspired you and your desire for new challenges:

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\_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (if under  
21 years of age)

You may use additional pages to expand upon your essays. Mail your completed grant application to:  
ROLT c/o Jean and Tom Ryan, 43 Pollard Road, Mountain Lakes, NJ 07046, or email to:  
[ryanfamily@optonline.net](mailto:ryanfamily@optonline.net)