



EXPEDITION TRAINING COURSE APPLICATION

Name _____
Last First Middle Preferred

SSN _____ Birthdate _____ Citizenship _____

Address _____
Street (include apt., box, etc.) City State Zip

Telephone _____ E-mail _____

Course Title _____ Date(s) _____

Course Provider _____ Provider E-mail _____

Title of Ritt Kellogg Fund expedition (funded or future application) _____

Person to notify in case of an emergency:

Name _____ Relationship to applicant _____

Address _____
Street (include apt., box, etc.) City State Zip

Telephone _____ E-mail _____

Insurance:

Does applicant have personal Health/Accident insurance: Yes No

Insurance Company _____

Name of Policy holder _____

Address of policy holder _____
Street (include apt., box, etc.) City State Zip

Telephone # of policy holder _____

Policy Number _____ Group Number _____

All RKMF recipients must be covered by health and accident insurance. It is your responsibility to make sure your insurance will cover you for the duration of the course. Check with your regular health insurance program to make sure that you are adequately covered for incidents that may occur during the course. If you do not have regular coverage, you should investigate short-term policies through local insurance or travel agencies.

EXPEDITION TRAINING COURSE APPLICATION (CONT.)

Applicant Questionnaire (attach additional sheets if necessary)

- Attach your outdoor/climbing résumé and include any first aid training.
- Are you a current CC student? Yes No Year of Graduation _____
- How did you hear about Ritt Kellogg Memorial Fund?
- Describe your training objective and how you plan to use the experience gained on your proposed RKMF expedition.
- Describe your regular physical activities or sports?
- Do you have a Wilderness First Responder certification or higher?
(WFR is not required for training courses, but is required for all RKMF Expedition Grant recipients)
Yes
No , but I am scheduled to take a WFR course _____
Date
- Provide the details of your financial request. The RKMF will fund 75% of the course registration fees and transportation costs, up to a maximum of \$500 per person.

Please e-mail the completed Expedition Training Application to mhanning@rittkelloggfund.org and mail the Participant Acknowledgment and Assumption of Risks & Release and Indemnity Agreement to: Maura Hanning, RKMF Program Director, 17 Captain Davis Ln, East Falmouth, MA 02536.
