



GROUP DISCOVER DIVE APPLICATION

CONTACT PERSON

NAME

EMAIL

PHONE NUMBER

CITY & STATE

GROUP INFORMATION

GROUP/ORGANIZATION NAME

NUMBER OF EXPECTED PARTICIPANTS

AGE RANGE OF EXPECTED PARTICIPANTS

Do members of your group identify as any of the following historically excluded or underserved group(s)? Select all that apply. If you are a part of a group not listed below, please select “Other” and let us know how you identify.

- Black, Indigenous, Asian, Asian American, Pacific Islander, Latino/e/a/x
- LGBTQIA+
- Neurodiverse
- Physically Disabled
- Low Income
- Military
- Other:

Optional: For whichever box(es) you checked, please provide any additional information you feel comfortable sharing:

CONTINUE →



CHECK ALL THAT ARE TRUE FOR THE MAJORITY OF YOUR GROUP

How are you in the water? *Select all that apply.*

- I am comfortable around water
- I am comfortable swimming
- I can tread water for 10 minutes and complete a 200 meter swim comfortably
- I have previously tried scuba diving

Do you have a particular time frame in which you plan to complete the experience?

Is your group interested in full certification, or more than one experience?

CONTINUE →



**GROUP DISCOVER
DIVE APPLICATION**

**Why is your group interested in scuba?
What benefits will scuba provide to your group?**

A large, empty rectangular area defined by a dotted blue border, intended for the applicant to provide their response to the questions above.

VERIFICATION

CONTACT PERSON SIGNATURE

NOTE: Your Discover Dive must be completed within one year of your scholarship being awarded.