



## **Camp Easterseals Oregon's Scholarship Program Instructions and Information**

Easterseals Oregon strives to provide a fun and safe camp experience for children and adults living with disabilities. Through fundraising events and donations from individuals, camp scholarships may be provided to help campers with limited available funds to enjoy a camp session.

While we wish that we could meet every scholarship request, scholarship requests continue to outpace available funds. In order to establish a fair and equitable system for awarding scholarships, the following has been implemented.

Scholarship requests require that two forms be completed and submitted:

- Scholarship application
- Monthly budget
- Both forms must be submitted to Easterseals Oregon by **May 1, 2023**

Scholarships will be awarded based on a demonstrated financial need. Generally, scholarship awards shall be no greater than 70% of the camp fee, with Easterseals Oregon reserving the right to deviate from this policy in certain unique situations. Scholarship awards will be confirmed by June 1, 2023.

### **Complete and send the two required documents to Easterseals Oregon:**

Mail: Easterseals Oregon 7300 SW Hunziker Rd, Suite 103, Portland, OR 97223

Fax: 503.228.1352

Email: Scan and email to [camp@or.easterseals.com](mailto:camp@or.easterseals.com)

The camp scholarship application process is separate from the camp application process. Approval of scholarship does **not** ensure that the camp application will also be approved. There are limited camper slots that are filled on a first-come first-serve basis.





**2023 Easterseals Oregon  
Application for Camper Scholarship**

The Easterseals Oregon Camping Program is supported by generous donations from a variety of individual and corporate donors. A portion of this support is used to provide scholarships to campers who, without a scholarship would be unable to participate in a camp experience. **Scholarships are not available to campers who are attending more than one camp per year. Funding is limited and based on financial need.** In addition to the information below, please attach any documents that support your request. All application information is confidential. A letter will be sent to notify applicants of an award or a denial. To be considered for a scholarship, please complete and return this application.

<b>Camper Information</b>			
First Name:		Last Name:	
<b>Parent(s) / Guardian Information</b>			
First Name:	Last Name:	Relationship	
First Name:	Last Name:	Relationship	
Scholarship amount requested: \$			
<b>Contact Information</b>			
Name of person to receive notification:			
Mailing Address:		City, State, Zip:	
Email:		Phone:	
<b>Camper Financial Information</b>			
Check One:			
<input type="checkbox"/> Camper lives independently		<input type="checkbox"/> Camper lives in a group home/foster care institution	
<input type="checkbox"/> Camper lives with family members			
Number of people living in the campers household _____			
Income sources based on selection made above (Individual or Family)		Monthly	Annual
Wages			
SSA			
SSI			
Social Security Disability			
Food Stamps			
Child Support			
Other			

**Please provide any other information that you would like to be considered for this request. You may use the back of this form if more space is needed.**

**I declare that all of the information I have provided on this request for a camper's scholarship is complete and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Monthly Budget**



If camper lives with his/her family, this form should include normal income and expected income and expenses for the family.

Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>MONTHLY INCOME</b>		
<b>SOURCE</b>	<b>AMOUNT</b>	<b>DETAILS</b>
<b>TOTAL:</b>		
<b>MONTHLY EXPENSES</b>	<b>AMOUNT</b>	<b>DETAILS</b>
Housing (Rent/Mortgage/R&B)		
Electricity		
Natural Gas		
Phone (House/Cell)		
Cable		
Garbage		
Water/Sewer		
Medical Insurance		
Medical Co-Pay(s)		
Transportation Expenses		
Personal Spending		
Food/Groceries		
Personal Incidental Funds (PIF)		
<b>TOTAL:</b>		
<b>ASSETS</b>	<b>AMOUNT</b>	<b>DETAILS</b>
Cash		
Checking Account		
Savings Account		
Investments		
Other		
<b>TOTAL</b>		

This form may be completed by the camper, care provider, representative payee, or parent/guardian.

Prepared by: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Signature: \_\_\_\_\_