



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 **July 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 as approved, but no later than July 15, 2023.

Complete and send the two required documents to Easterseals Oregon:

Email: Scan and email to camp@or.easterseals.com

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

Fax: 503.228.1352

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 Camp Easterseals Oregon 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. **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.

Camper Information		
First Name:	Last Name:	
Parent(s) / Guardian Information		
First Name:	Last Name:	Relationship
First Name:	Last Name:	Relationship
Scholarship amount requested: \$		
Contact Information		
Name of person to receive notification:		
Mailing Address:	City, State, Zip:	
Email:	Phone:	
Camper Financial Information		
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:



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: _____

MONTHLY INCOME		
SOURCE	AMOUNT	COMMENTS
TOTAL:		
MONTHLY EXPENSES	AMOUNT	COMMENTS
Housing (Rent/Mortgage/R&B)		
Utilities		
Phone (House/Cell)		
Medical		
Transportation Expenses		
Personal Spending		
Food/Groceries		
Other		
TOTAL:		

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



Prepared by: _____ Relationship to Camper: _____

Signature: _____