



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 fund raising events and donations from individuals, camp scholarships may be provided to help campers with limited available funds 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 7, 2019**

Scholarships will be awarded based on a demonstrated financial need. Generally scholarship awards shall be greater than 50% of the camp fee, with Easterseals Oregon reserving the right to deviate from this policy in certain unique situations. Scholarships shall not be awarded to campers that plan to attend another summer camp in the same calendar year. Scholarship awards will be confirmed by June 3, 2019.

Complete and send the two required documents to Easterseals Oregon:

Mail: 7300 SW Hunziker Street, Suite 103, Portland, OR 97223

Fax: 503.228.1352

Email: Scan and email to 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.

**2019 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.

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. 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: _____

MONTHLY INCOME		
SOURCE	AMOUNT	DETAILS
TOTAL:		
MONTHLY EXPENSES		
SOURCE	AMOUNT	DETAILS
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)		
TOTAL:		

ASSETS		
SOURCE	AMOUNT	DETAILS
Cash		
Checking Account		
Savings Account		
Investments		
Other		
TOTAL		

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

Prepared by: _____ Relationship to Camper: _____

Signature: _____