



Grace Institute
1535 NE 17th Ave, Portland, OR 97232

Camper Full Name & Age: _____
2nd Camper Name & Age: _____

Grace Art Camps Confidential Scholarship Application

SCHOLARSHIP APPLICANTS ONLY:

I have already completed camp registration with the required \$30 registration fee for scholarship applicants.

Grace Institute believes in making camps available to all who want to attend. Scholarships are awarded without regard to race, religion, sex, national origin, sexual orientation or status. We offer full and partial scholarships. Successful applicants generally fall below the 300% of the federal poverty guidelines. An application does not necessarily guarantee an award.

Grace Institute is dedicated to the work of racial equity through self-assessment and accountability to expand our inclusive and diverse community. Part of this work is to gather data on what racial and ethnic groups we currently serve. Please help us by identifying the option that best applies to your camper. Information will be kept anonymous and does not affect enrollment or scholarship awards:

Mark one racial identity: Hispanic or Latino White, of Hispanic origin Asian Middle Eastern or North African
 American Indian & Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African American White, not of Hispanic origin Multi-racial I choose not to participate

After submitting registration, complete the following steps to apply for financial assistance to attend camp: **Spring Camp Deadline is March 1.**
Summer Deadline is April 13, 2018.

- (1) Complete this application thoroughly and accurately; incomplete information may delay processing.
- (2) Attach proof of need document. (Copies only; documents will not be returned. All records will be kept confidential.)
- (3) Attach a brief letter explaining why you need assistance.
- (4) Return signed scholarship application and copies of documents to Grace Art Camps. Mail or email to lindam@grace-institute.org

EMPLOYMENT INFORMATION

PARENT/GUARDIAN 1 _____ PHONE/EMAIL FOR QUESTIONS: _____

EMPLOYER _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____

EMPLOYER PHONE NUMBER _____

CITY, STATE, ZIP _____ PHONE: _____

PARENT/GUARDIAN 2 _____ PHONE/EMAIL FOR QUESTIONS: _____

EMPLOYER _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____

EMPLOYER PHONE NUMBER _____

INCOME INFORMATION

Total number of children in household: _____ Total number of persons in household: _____

- Parent/Guardian 1's gross annual income \$ _____ Attach 2 most recent pay stubs or W-2 copy
- Parent/Guardian 2's gross annual income \$ _____ Attach 2 most recent pay stubs or W-2 copy
- Non-Custodial Parent annual contributions \$ _____
- Income from SSI, AFDC, SSD, food stamps, medical aid, Section-8, etc. \$ _____ Attach current printouts, letters, and/or documents stating the award.
- Other income such as: alimony, child support, rental property, investments \$ _____ Attach documentation

Total Annual Income \$ _____

THE LETTER EXPLAINING WHY YOU NEED SOME ASSISTANCE

Things happen in life such as extraordinary medical expenses, recent job loss, and divorce among other things that income doesn't reflect. Please provide us with a letter explaining your current circumstances. In order to receive special consideration if your problems have to do with uninsured medical expenses, we do need some copies of your medical bills.

I/we hereby declare that the information provided is correct and I/we agree to provide additional documentation to verify need if requested.

Signature, Parent/Guardian/s

Today's Date