

## 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, 2025

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, 2025.

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 <u>camp@or.easterseals.com</u>

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.



## 2025 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:	City, State, Zip:		
Email:		Phone:	Phone:		
Camper Financial Information					
Check One:					
Camper lives independently		Camper lives in a group home/foster care institution			
Camper lives with family members					
Number of people living in the campers household					
Income sources based on selection made a	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	e provided on th	is request for a camper's	scholarship is	complete and	
accurate to the best of my knowledge.	•		•	•	
Ş					
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	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	AMOUNT	DETAILS	
Cash			
Checking Account			
Savings Account			
Investments			
Other			
TOTAL			
This form may be completed by	the camper, ca	are provider, representative payee, or parent/guardian.	
Prepared by:		Relationship to Camper:	
Signature:			