

ACADEMY TUITION ASSISTANCE APPLICATION

ACADEMY tuition assistance is awarded on the basis of demonstrated financial need. Funds are limited and awards are generally between \$25 and \$150. Because of this, we encourage you to explore other possible financial assistance sources (for example: local service organizations) in your area. Please complete this form and return it to our office as soon as possible. Notification of awards will be made in early June.

Week & Session: _____ Grade: _____

Student Name: _____

Parent's Name: _____ Occupation: _____

Address: _____
Number & Street City State Zip

Home Phone: _____ Work Phone: _____ Mother Father

School: _____ District: _____

FINANCIAL NEED

Expected gross family income per month: \$ _____ Number of dependent children _____

Number of children in your family applying for **ACADEMY**: _____

Special circumstances demonstrating need that should be considered by **ACADEMY**: _____

Amount of financial assistance requested: \$ _____

Have you applied for other scholarship/assistance?

Yes No

If yes, please list from what sources and amount:

Ethnic background information is requested by our grant funding sources; your help is greatly appreciated. Please mark all that apply.

African-American Hispanic-American
 Caucasian Asian/Pacific Islander
 American Indian/Alaska Native

The above answers and statements are true and correct to the best of my knowledge.

Parent Signature

Date

SOUTHERN OREGON UNIVERSITY
EXTENDED CAMPUS YOUTH PROGRAMS
1250 SISKIYOU BLVD
ASHLAND OR 97520
(541) 552-6452

FOR OFFICE USE ONLY
DATE REC'D _____ AMOUNT \$ _____

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