

# SEA CAMP TUITION ASSISTANCE APPLICATION

*SEA CAMP 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 sent before the payment deadline of June 1.*

Session date: \_\_\_\_\_ 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 SEA CAMP: \_\_\_\_\_

Special circumstances demonstrating need that should be considered by SEA CAMP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \$ \_\_\_\_\_

FINAID.FRM