

**2021 Financial Aid Application**

*Willowbrook Arts Camp Financial Aid Program is created to increase access to art and nature experiences to underserved children.*

**Camp Participant:** Must be between the ages of 5-18 and reside in Oregon.

**Aid Award Includes:** One (1) week, full days, per child, per calendar year is provided by Willowbrook if approved

* A $30 registration fee per family will be required.

**Application Process:** The financial aid application must be completed, signed by a parent/guardian and submitted with proof of financial need (one of the below):

* ***Parents/Guardians of children enrolled in a school lunch assistance program:*** *please attach proof of enrollment in a school lunch assistance program in order to be eligible for review (i.e. letter from school district or school administrator with a contact number);* OR,
* ***Parents/Guardians of children who are NOT enrolled in a school lunch assistant program:*** *please attach a letter stating why you are requesting financial assistance, along with proof of income assistance. (i.e. medical aid, food stamps, housing assistance, etc.).*

Once your application is received, Willowbrook staff will review requests. *Submittal of an application does not guarantee financial aid will be granted to the applicant. We have limited financial aid available and all applications will be considered as they are submitted.*

**Applications will be accepted starting March 1.**

Once the annual funds for financial aid have been allocated, we will notify all other applicants that we have no more funds available for the year.

**This application can be emailed to tafflyn@willowbrookartscamp.org or mailed to Willowbrook Arts Camp at PO Box 3546 Tualatin, OR 97062.** If you choose to email your application please black out any SSN or other highly confidential information.

**QUESTIONS?** Please call us at (503) 691-6132

**Willowbrook Arts Camp**

**2021 FINANCIAL AID APPLICATION**

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| ***Please complete a separate application for each child.***  |
| **Child’s First & Last Name** *(Please Print):*   | **Child’s School:** |
| Child’s Birth Date *(month/day/year):* | First time attending Willowbrook Arts Camp? Yes No |
| **Parent/Guardian Name** *(Please Print):*  | **Parent/Guardian Signature:** |
| Home Address:  | City: Zip: |
| Phone:  | Email:  |
| **Optional 2nd Parent/Guardian or Partner Name** *(Please Print):*  |  |
| Home Address *(if differs from above):* | City: Zip: |

**Proof of Financial Need *(must attach one of the following):***

**Parents/Guardians of children enrolled in a school lunch assistance program:** please attach proof of enrollment in a school lunch assistance program in order to be eligible for review;

**Parents/Guardians of children who are NOT enrolled in a school lunch assistant program:** please attach a letter stating why you are requesting financial assistance, along with proof of income assistance. (i.e. medical aid, food stamps, housing assistance, etc.)

*Financial aid is granted on a funds-available basis regardless of race, religion, national origin, gender, or status.*

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| **WILLOWBROOK INFORMATION****(to be completed by Willowbrook Financial Aid Administrator)** |
| WB Staff Name:  |
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| Date Received: | Received by: |