

The John G Shedd Institute for the Arts

SY 2016-17: Confidential Scholarship Application for Classes or Camps

Through the generosity of its sponsors and donors, The Shedd Institute is able to provide a limited number of scholarships to students who would not otherwise be able to participate in Shedd classes and camps. Please submit this form to The Shedd Institute, PO Box 1497, Eugene OR 97440-1497 to request assistance.

Student's Name _____ Date of Birth ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Instrument _____ E-mail _____

School _____ School District _____ Teacher _____

Parent/Guardian responsible for payment _____

Address (if different from above) _____

Parent's name _____ Employer _____

Occupation _____ Work Phone _____

Parent's name _____ Employer _____

Occupation _____ Work Phone _____

Number of Children _____ Ages _____ Annual combined earnings _____

We qualify for free /reduced lunches: ____yes ____no Student's Ethnicity: _____

(optional, but helps us with grant reporting)

STATEMENT OF FINANCIAL NEED

Funds for scholarships are limited and based on need. However, no student will be turned away if s/he is qualified. Please explain your reasons for needing scholarship assistance in enough detail to permit effective and equitable distribution of funds.

Class/camp desired _____ Total tuition _____

How much support are you requesting? \$ _____

Please READ, SIGN and DATE

All of the information provided on this form is true and to the best of my knowledge. I understand that the parent/guardian and the student are filing this application jointly. If asked by an authorized official I agree to give proof of the information I have given on this form.

Parent/Guardian Signature _____ Date _____

For office use only:

Amount requested _____ Amount approved _____ Approved by _____ Date _____