

# The John G Shedd Institute for the Arts

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## SY 2017-2018: 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.

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Class/camp(s) 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 \_\_\_\_\_