

# St. Gabriel Art Camp Scholarship Application

St. Gabriel has been gifted with a limited number of full and partial scholarships to pay for or help with the cost of camp attendance. If a family's income is within or close to the federal poverty guidelines or if families have extenuating financial circumstances that may qualify a family for a full or partial scholarship.

Full and partial camp scholarships are generally awarded to families who are at 1 to 2 times the federal poverty level or less. In 2017, this amount is \$24,300 to \$48,600 per year for a family of four. If you are already qualified for some form of public assistance, such as reduced school lunches and have the verification letter, or a card for a subsidized health care plan, copies of this documentation help us to qualify a family for a scholarship. All scholarship applications will be kept strictly confidential.

## DIRECTIONS FOR APPLYING:

First, check to make sure the limited number of scholarships still available by going to [stgabrielonline.org](http://stgabrielonline.org) or [facebook.com/stgabrielartcamp](https://facebook.com/stgabrielartcamp) or contact us at [stgabrielartcamp@stgabrielonline.org](mailto:stgabrielartcamp@stgabrielonline.org) or 503-645-0744.

If the scholarship offer is still present, fill out an Art Camp registration form, the photography permission form AND this scholarship request form. One scholarship request form per family is adequate. Early registration is recommended. We will let you know as soon as possible if you are granted a partial or full scholarship. Please know that filling out the form is no guarantee you will receive a scholarship.

## FAMILY INFORMATION:

Parent/Guardian Names: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

## CAMPER INFORMATION:

Child's Name: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
School Currently Attending: \_\_\_\_\_ Grade this fall: \_\_\_\_\_

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Does your child qualify for free or reduced lunch at school?

Does your child receive any form of academic financial assistance?

## FINANCIAL NEED:

Household yearly income: \_\_\_\_\_ How many family members living at home: \_\_\_\_\_

Please describe any financial burdens (i.e. medical expenses, job loss, family displacement, etc.) that have affected your household within the past year (use the back if needed, attach any documentation):