

Summer Conference

www.summerconferenceportland.org

2626 NE 18th Ave. Portland, ORE 97212

Application For Financial Assistance

PLEASE PRINT

Applicant Name: Last _____ First _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Numbers: Home: _____ preferred? Cell: _____ preferred?

Applicant's Occupation: _____

Spouse's Occupation: _____ Will attend Conference

Gross Income: Assistance is based on financial need and funds available. Based on your most recent tax return, please check your total AGI.

below \$20,000 \$20,000 to \$29,999 \$30,000 to \$39,999

\$40,000 to \$49,999 \$50,000 to \$59,999 \$60,000 and above

Dependants: List the ages of all individuals that qualify as dependants on your tax return. Check the box of those who will attend the Conference:

Age: _____ Age: _____ Age: _____ Age: _____ Age: _____ Age: _____

Age: _____ Age: _____ Age: _____ Age: _____ Age: _____ Age: _____

Assistance Requested: \$ _____ (If funds allow, Conference will pay up to half of total Conference fees.)

It is to your advantage to clarify your need for financial assistance. If you would like, please explain your need, adding pertinent details or special circumstances. (Optional)

I verify that the attached application is accurate and complete

Signature _____ **Date** _____

Applications are accepted any time. Applicants will be notified of a decision within 14 days of when the application is received. Send to:
Summer Conference: c/o Ellen & Jakub Langer 2626 NE 18th Ave. Portland, ORE 97212
or summerconferenceportland@gmail.com

For Conference Use Only
Amount Approved: _____ Date: _____ Signature: _____