

Summer Conference

www.summerconferenceportland.org

P.O. Box 2767 Corvallis, OR 97339

SUMMER CONFERENCE *Application For Financial Assistance*

PLEASE PRINT

Applicant's Name:

Last

First

Applicant's Address:

Street Address

City

State

Zip Code

Phone Numbers:

Preferred contact number

- cell
- home
- work

Secondary contact number

- cell
- home
- work

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 30 days of the date their application is received.

**Please mail completed application to:
Summer Conference
P.O. Box 2767
Corvallis, OR 97339**

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Family Information:

Applicant's Occupation: _____

Spouse's Occupation: _____ Will attend Conference

Dependants:

List 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: _____

Amount of Assistance Requested: \$ _____

(If funds allow, Conference will pay up to half of total registration and class fees.)

Gross Income.

Assistance is based on financial need and funds available. Based on your most recent tax return, please check your total gross income level from all sources.

below \$20,000 \$40,000 to \$49,999

\$20,000 to \$29,999 \$50,000 to \$59,999

\$30,000 to \$39,999 \$60,000 and above

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)

For Conference Use Only

Amount Approved: _____ Date: _____ Signature: _____