



2023 Financial Aid Application

Willowbrook Arts Camp Financial Aid Program is created to increase access to art and nature experiences to families who have a low income.

Camp Participant: Must be between the ages of 3-18 and reside in Oregon.

Aid Award Includes:

- One (1) week, full days, per child, per calendar year provided by Willowbrook
- A \$50 registration fee per family is required.

Application Process: The financial aid application must be completed, signed by a parent/guardian and submitted with proof of financial need (one of the below):

- ***Proof of enrollment in a benefits or assistance program:*** *medical aid, food stamps, housing assistance, school lunch program etc.*

Once your application is received, Willowbrook staff will review the request. *Submittal of an application does not guarantee financial aid will be granted to the applicant. We have limited financial aid available and all applications will be considered as they are submitted.*

Applications are being accepted starting February 1. Once the annual funds for financial aid have been allocated, we will notify all other applicants that we have no more funds available for the year.

QUESTIONS? Please call us at (971) 415-8844

This application can be emailed to james@willowbrookartscamp.org. Please black out any SSN or other highly confidential information.

Willowbrook Arts Camp 2023 FINANCIAL AID APPLICATION

<i>Please complete a separate application for each child.</i>	
Child's First & Last Name <i>(Please Print):</i>	Child's School:
Child's Birth Date <i>(month/day/year):</i>	First time attending Willowbrook Arts Camp? • Yes • No
Parent/Guardian Name <i>(Please Print):</i>	Parent/Guardian Signature:
Home Address:	City: Zip:
Phone:	Email:
Optional 2nd Parent/Guardian or Partner Name <i>(Please Print):</i>	
Home Address <i>(if differs from above):</i>	City: Zip:

Proof of financial need must be attached

Financial aid is granted on a funds-available basis regardless of race, religion, national origin, gender, or status.

WILLOWBROOK INFORMATION (to be completed by Willowbrook Financial Aid Administrator)	
WB Staff Name:	
Date Received:	Received by: