



**OREGON EDUCATION ASSOCIATION FOUNDATION
GRANT APPLICATION**

For members requesting funds, please fill in the following information:

Date of Request: _____

Name of Active OEA Member Requesting Funds _____
(Please give your name as it appears in your membership records)

Address: _____

City: _____

State: _____ Zip: _____

Local Association: _____
(Please do not abbreviate)

Daytime Phone: _____ Alternate Phone: _____

E-mail: _____

Child's name*: _____
(First and last name)

Child's School: _____
(Name of the school the child attends. Please do not abbreviate)

Child's grade level: _____

Amount of funds requested: \$ _____

Description of assistance needed/use of funds: _____

Description of family situation/financial need/relevant circumstances you are aware of: _____

Continue on additional page if necessary.

Please check one:

Student currently on free or reduced lunch program

Student currently enrolled in Oregon Health Plan

If you cannot confirm one of the above, please provide information you do have that demonstrates the need. (Use additional pages as necessary.)

MAIL FORM TO: Oregon Education Association Foundation - Applications
6900 SW Atlanta Street
Portland, OR 97223

OR FAX FORM TO:
503-624-5814

* For office use only. All information provided on application form is kept strictly confidential and is used only for assessing student need level and determining eligibility under OEA Foundation guidelines.