



**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.