



SISTERS FAMILY ACCESS NETWORK

525 E. Cascade Ave. Sisters, Oregon 97759 P 541.549.0155 F 541.549.0157

FAN Needs-Based Scholarship Application 2019-20

Please complete all the blanks on this application; an incomplete application will not be accepted.

Household Information:

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main phone for Parent/Guard #1 _____ Main phone for Parent/Guard #2 _____

Number of household members: Adults 19 and over: _____ Children: _____

Name of dependent(s) under 19 Age Gender Birthdate

Four horizontal lines for entering dependent information.

Participant (Student) Information:

Name: _____ Date: _____ Specific Activity: _____ (Tap, Ballet, Piano, Flute,)

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Age: _____ Grade: _____ Gender: M F

Please complete all the blanks on this application; an incomplete application will be denied.

Financial Information:

Parent/Guard #1 employer: _____ Phone _____

Parent/Guard #2 employer: _____ Phone _____

Name of any household members receiving income and/or child support, social security, disability, etc.

Monthly Gross

_____ \$ _____

_____ \$ _____

_____ \$ _____

When grant funds are available FAN will provide a partial scholarship based on Federal Income Guidelines.

Household contribution will be determined based on Federal Income Guidelines.

Required financial hardship statement:

**Please submit copies of the following documents with this application to all that apply:
Copy of 2018 income tax 1040 Form or current social security or disability award letter
and/or child support income.**

Parent or Guardian Signature

Date