

O.A.S.I.S. Foundation of NC

After School Program Scholarship Application

At O.A.S.I.S. Foundation of NC we believe strongly in our responsibility to make our unique program experience available and accessible to all children. Scholarships are awarded based on availability and need.

*****Please note that the scholarship DOES NOT include the \$25 registration fee for each child*****

If you need additional information, please call 919.827.3256 or contact us at Info@OASISOutreachInc.com.

Parent(s) Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone #: _____

Email Address: _____

Scholarship awards are made via email. If you do not have access to email, please check here to receive award notification via phone. ☐

Does your child receive free or reduced lunch? _____

Does your family receive government assistance? _____

If so, which benefits do you receive? _____

Please attach a copy for verification.

How much can you afford to pay per week for each child? _____

Names of adults in the home over the age of 18:	Names of children in the home under the age of 18:

Monthly Income of Household: _____

Child's Full Name: _____

Age _____ **Date of Birth:** _____

Please explain the financial circumstances surrounding this scholarship request.

Tell us about your child's strengths and interests.

Are there any parts of a group camp experience that you think might pose a challenge to your child?

What do you hope for your child to gain from their experience at O.A.S.I.S.?

How would this scholarship impact your family?

Office Use Only: Received _____ Awarded _____ Registered _____ Paid _____