



SALEM-KEIZER  
EDUCATION  
FOUNDATION

Enrichment Academy Parents/Guardians:

Thank you for your interest in financial assistance for Enrichment Academy.

Please complete the enclosed application and return it with a copy of verification of any income in the household. Incomplete applications will be returned. **We require the following documentation for *all* family members:**

- A copy of each person's current, year to date pay stub.
- A copy of the household's most recent tax returns with the names of dependents clearly marked. (schedules/attachments are not necessary) If you did not file taxes, other verification of your dependents will be acceptable.
- If applicable, we also require documentation of any other form of income such as SSI/SSD, unemployment, public assistance, retirement income, child support, housing, food stamps, and student financial assistance.

Please indicate how much financial assistance you are requesting. Also note any special circumstances, which you would like us to consider with your application.

Awards are based on demonstrated need and availability of funds for your child(ren)'s program. After evaluating all applications, we will send you a written response within two weeks of receiving all the required information.

If you are offered assistance, you will have 5 days to accept or decline our offer and complete your registration.

If you have any questions regarding your application and the process, please call Jodi Blackman at 503-364-2933.

Sincerely,

Jodi Blackman  
Salem-Keizer Education Foundation  
Enrichment Academy



Salem-Keizer Education Foundation
2015-2016 Enrichment Academy Financial Aid Application



Applicant Information

Adult Applicant Name

Adult Co-applicant Name
(List if resides in same household)

Mailing Address

Daytime Contact Ph # Cell #

Email

Income Information

Employer Employer

Monthly Gross Wages/Salary \$ Monthly Gross Wages/Salary \$

Other Income \$ Source(s) of Other Income:

Other Income \$ Source(s) of Other Income:

TOTAL Monthly Household from ALL S \$

Other Information

Number of adults in household Number of dependent children in household ;
ages:

Please check if you have included additional information, expenses, or special
circumstances on an additional sheet.



**Salem-Keizer Education Foundation  
2015-2016 Enrichment Academy Financial Aid Application**



**EA Information**

(List only the children needing Enrichment Academy)

<b>Child's Name</b>	<b>Birth Date</b>	<b>Site</b>	<b>Schedule</b>	<b>Monthly Tuition Requested</b>
	/ /			\$
	/ /			\$
	/ /			\$
<b>TOTAL Monthly Tuition Requested</b>				\$

**Acknowledgment**

I certify that this information is true and complete to the best of my knowledge. I understand it is my responsibility to notify the SKEF regarding changes in my financial status. I understand and agree SKEF may make contacts to verify this information. I authorize employers and/or other income sources to release financial information to the SKEF. I also understand all information will remain confidential.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_