



**OREGON EDUCATION ASSOCIATION FOUNDATION
GRANT APPLICATION**

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

Date of Request: _____

Name of Active Member Requesting Funds: _____

Address: _____

City: _____

State: _____ Zip: _____

Local Association: _____

School Name: _____

School Phone: _____

Child's Name*: _____

Grade Level: _____

Approximate amount of funds requested: \$ _____

Description of assistance needed: _____

Please check one:

- Student currently on free or reduced lunch program
 Student currently enrolled in Oregon Health Plan
 Other

MAIL FORM TO:

Oregon Education Association Foundation
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.