



The Salem-Keizer Education Foundation is committed to providing exemplary, challenging, and motivating academic experiences for all students, regardless of ability to pay the tuition. We offer scholarships for all of our programs.

If you wish to apply, please complete the following application and

Either:

Drop off or Mail it with your registration to 233 Commercial Street, No, Salem, OR 97301; or

Fax it to (503) 394-2937, attention: Enrichment Academy Coordinator

Questions: Call (503) 364-2933

Scholarship Application

\$50 Discount per class

Student Information (please complete an application for each child)

Last Name: _____ First Name: _____

Birth Date: ____/____/____ Age Group: _____ Gender: M F

Address: _____ City: _____ Zip Code: _____

Name of Parent(s)/Guardian(s):

Home Phone: _____ Alternate Phone: _____

Race – Please check the racial or ethnic identity of student:

____ White ____ Black ____ Hispanic ____ Native American ____ Asian/Pacific
Islander

*you are not required to answer, but having this information helps SKEF in applying for grants.

Financial Information

My student qualifies for the Free and Reduced Meal Program at his/her school

_____ Yes _____ No

If No, please explain why you need assistance with tuition

To the best of my knowledge, the information and the attached documentation are a true and accurate representation of my present financial standing. The deliberate misrepresentation of any information may result in the withdrawal of student's scholarship.

Parent/Guardian (print) _____

Signature _____

Date ____/____/____

Signature of School Principal/Administrator required: _____