

APPLICATION FOR OLYMPIC PARK INSTITUTE TUITION GRANT
To be completed by the teacher, principal or headmaster only

All information on this form will be kept strictly confidential.

GROUP NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

1. What dates will your school attend Olympic Park Institute? _____

2. Has your group received a scholarship award in past years? ☐ Yes ☐ No

3. How many students are expected to attend? _____

Of this number, how many need scholarship assistance? _

Amount of scholarship requested: ____

4. Please describe how your classroom objectives will be met by participating in the program, a description of the need for scholarship support, and on what basis your students will be chosen to attend (please include detail on separate sheet).

5. a) Please describe the diversity of your school.

% African American..... _____

% American Indian..... _____

% Asian American..... _____

% Hispanic/Latino..... _____

% Caucasian..... _____

% Pacific Islander _____

% Multiracial... .. _____

b) What percentage of students qualify for Free and Reduced Lunch at your school? : _____ %

For private schools, please enter an equivalent percentage (e.g., full or partial scholarship)

6. Please detail your fundraising plan and indicate the amount of scholarship requested.

Family/Student contributions \$ _____

Student fundraising activities \$ _____

Outside funding sources (federal, state, private grants) \$ _____

School funds \$ _____

SUBTOTAL \$ _____

Total tuition expense of the trip..... \$ _____

SCHOLARSHIP REQUEST \$ _____

Other expenses (including transportation) \$ _____

7. Olympic Park Institute appreciates receiving any information you would like to share about your trip (pictures, journals, assignments, examples of curriculum used in the classroom).

I verify the above information is true and correct.

SIGNATURE OF TEACHER, HEADMASTER, OR PRINCIPAL

DATE

Please mail or fax completed form at least six weeks prior to your program to:

SCHOLARSHIP COMMITTEE

Olympic Park Institute

111 Barnes Point Rd

Port Angeles, WA 98363

For Office Use Only:

Date Received: _____ Amount Awarded: _____ Date Awarded: _____ Initials: _____