



# PARTNERS *of the* AMERICAS

## Oregon/SW Washington - Costa Rica High School Exchange Program

### Application for Financial Assistance

The Partners of the Americas Oregon/Southwest Washington – Costa Rica High School Exchange Program recognizes that, in order to participate in the exchange program, students may require financial assistance. To that end, the Exchange Committee maintains a Financial Assistance Fund from which awards are made each year based on the financial situation of student applicants.

To be considered for financial assistance, submit this application along with the required attachments. The Exchange Committee will review requests and make financial awards based on the information provided on the application and the consensus of the program cost. The number and amount of financial awards given is determined by the Exchange Committee and is dependent upon funds available and recognized need.

Complete and return this form to the Partners Program Coordinators. Information on the form will be kept strictly confidential.

Name: \_\_\_\_\_

### ANTICIPATED BUDGET FOR TRAVEL PROGRAM

(Use exact figures whenever available. Estimate carefully all other times.)

#### Expected Sources of Support:

- a. Personal Savings \_\_\_\_\_
- b. Earnings \_\_\_\_\_
- c. Gifts \_\_\_\_\_
- d. Loans \_\_\_\_\_
- e. Scholarships \_\_\_\_\_
- f. Parental Contributions \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

#### Expected Expenditures:

- a. Program Costs \_\_\_\_\_
- b. Preparatory expenses \_\_\_\_\_  
(i.e. passport, immunizations)
- c. Other expected expenses \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**Estimate the amount of financial assistance you feel you will need, based on the amount:**

\$ \_\_\_\_\_

**PARENT/GUARDIAN FINANCIAL INFORMATION**

(To be filled out by parent(s)/guardian)

Describe anticipated expenses for this year that will affect contribution to the travel fund of your son/daughter: \_\_\_\_\_

---

---

---

---

---

---

Describe any additional information that is pertinent to your request for funds: \_\_\_\_\_

---

---

---

---

---

---

**Please attach a copy of the LAST page of your most recently filed tax return this application.**

**APPLICANT’S PLANS FOR FUNDING TRAVEL**

Describe plans to raise funds for travel program expenses: \_\_\_\_\_

---

---

---

---

---

---

**DECLARATION:** To the best of my knowledge and belief, the above statements are true, correct, and complete.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT**

\_\_\_\_\_  
**DATE**

Please send this information to the Southbound Coordinator, at [PartnersTravelORCR@gmail.com](mailto:PartnersTravelORCR@gmail.com)