



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:

\$ _____

PARENTS' FINANCIAL INFORMATION

(To be filled out by parent(s))

Describe your income and expenses for this year that will make it difficult for your family to fund the travel of your son/daughter:

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

Please attach a copy of the first and second page of your latest U.S. Income Tax Return to 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, Lauren Morrow, at PartnersTravelOrCr@gmail.com or to the following address:

Partners of the Americas High School Exchange
123 Barclay Avenue
Oregon City, OR 97045