



oregon college of
art and craft

Dear Applicant,

We are happy to share the opportunity to apply for a full scholarship for your choice of a Studio School adult continuing education class or workshop.

Scholarships are awarded to those students who demonstrate financial need, articulate a need to participate in the requested course, and whose strengths will add to the class dynamic. Oregon College of Art and Craft cannot meet the full needs of all applicants. Financial aid is probably not possible for students whose adjusted household income is more than \$50,000. However, we do consider extenuating circumstances if described. Please include as much information about your financial need as possible to assist us in the decision-making process.

To apply for scholarship, you will need to:

1. Complete the enclosed Studio School Scholarship Application Form.
2. Include a copy of your most recent IRS 1040 or verification of receiving public assistance (Oregon Health Plan, food stamps, unemployment pay stubs, etc.).
3. Include one letter of recommendation from a previous teacher, student, or employer. (No friends or family, please.)
4. Write a statement (200-500 words) explaining how attending your chosen Studio School course would enrich your life, augment your professional skills and/or generally improve your life.
6. Send all above items together electronically or by mail to:

Studio School Scholarship
c/o Jeffrey Baker, Community Programs Coordinator
Oregon College of Art and Craft
8245 SW Barnes Road, Portland OR 97225
Portland, OR 97225

Scholarship is given to those who qualify on a first-come, first-served basis until the funds are depleted. All scholarship application materials must be received no later than three weeks before the start of the requested class or workshop to be considered.

All financial information is strictly confidential. You will be notified within three weeks of your submission as to whether a scholarship will be awarded.

Please email jbaker@ocac.edu or call 971.255.4159 with any questions.

Best Regards,

Jeffrey Baker
Community Programs Coordinator



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STUDIO SCHOOL SCHOLARSHIP FOR COMMUNITY MEMBERS

Applicant Name

Email Address

Mailing Address

City

State

Zip

Daytime Phone

Evening Phone

Birthdate: ____ / ____ / ____

SS#: ____ - ____ - ____

Occupation

Employer Name and Address

Number of people in household: ____Adults ____Children

Do you own or rent your home/apartment? _____ Mortgage/Rent per month: \$ _____

Please use this space to let us know any additional information about your financial status that would be helpful in determining your scholarship need:

How did you hear about our scholarship program? _____