

EUGENE FRIENDS MEETING NURTURING COMMITTEE MEMORANDUM

TO: EFM NURTURING COMMITTEE CLERK

FROM APPLICANT:

APPLICANT PHONE:

APPLICANT E-MAIL:

SUBJECT: REQUEST FOR FINANCIAL AID FROM EFM TO ATTEND NORTH PACIFIC YEARLY MEETING (NPYM), NPYM JUNIOR FRIENDS CAMP AND/OR NPYM CENTRAL FRIENDS CAMP

DATE: _____

***First fill out the NPYM Annual Session and Youth Camp Registration Forms and attach a paper copy to this application.** The purpose of this application is to notify EFM of children attending annual session and to request financial aid for adult members of your household. Please place the completed application with attached registration forms in a sealed envelope and mail to:

Nurturing Committee – 2274 Onyx Street Eugene, OR 97403
(Incomplete forms may be returned to sender)

EFM supports families attending NPYM Annual Session and youth camps by paying for **all children from our Meeting regardless of need.** Please notify Nurturing Committee if children in your household will be attending.

***Complete the NPYM Children’s Cost Calculation Worksheet and list the cost as the sponsored amount below.**

| Child's Name | Household Name on Registration | Annual Session Sponsored Amount* | Junior Friends or Central Friends Camp | Camp Sponsored Amount |
|---|--------------------------------|----------------------------------|--|-----------------------|
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| Total of of each sponsorship | | | | |
| Total of all childrens sponsorship | | | | |

EFM accepts financial aid applications from adults wishing to attend NPYM Annual Session. Often adults are asked to cost-share with EFM if there is an ability to pay. Please fill out this portion of the form if one or more adults in your household would like to apply for financial aid.

***Complete the NPYM Adult’s Cost Calculation Worksheet and list the registration cost below.**

| Adult's Name | Household Name on Registration | A=Registration Cost* | B=Applicant’s Contribution | Financial Aid Request (A-B) |
|--|--------------------------------|----------------------|----------------------------|-----------------------------|
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| | | | | |
| Sum of each category | | | | |
| Amount EFM will pay for Financial Aid (not to exceed need): | | | | |
| Amount EFM is requesting in Financial Aid from NPYM (not to exceed need): | | | | |