academy of fine arts
1640 NW 19th Ave, Portland, OR 97209 Office: 503-973-5815 Fax: 503-225-2787
www.phameacademy.org

Request for Financial Assistance
PHAME Academy's Classes

(Please Print Clearly)

I, am requesting financial assistance to help augment the tuition for _____ Term.

NAME of Requestor: _____

Address: _____

City: _____ State: _____ Zip_____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

Relationship to PHAME Student: _____

Name of PHAME Student: _____

Monthly Income: $ _____ Monthly Expenses: $_____

Amount Requested:$_____

Number of classes Student taking this term _____

Length of association Student has with PHAME: _____

Has Student received PHAME Tuition Assistance in past terms? ( )NO ( )YES

Brief Statement of Need: (Please limit to space provided)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Applicant Signature: _____ Date: _____

For Office Use Only:
Amount Awarded: $_____ Date:_____