

ORAL HULL FOUNDATION FOR THE BLIND, INC.
 PO BOX 157, SANDY, OREGON 97055
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FINANCIAL ASSISTANCE APPLICATION - ***Please Note:** Financial assistance is provided to Oregon and Washington residents only based on need, space available, and donations dedicated to that purpose. Participants from outside Oregon and Washington should contact their local Lions Club or other service organizations for financial assistance.

1. Name _____

2. Session-Circle one: Family Retreat Friends & Alumni Moderate Adv.
 High Adv. Extreme Adv. Blinded Veterans Retreat

Full Campership (\$200) \$ _____

Partial (\$75 Family Retreat or amount requested) \$ _____

3. How many people live in your household? _____

4. Please list **all sources** of household income by amount and type.
 (Example: \$1,000 per month – source: SSDI, \$100 Food Stamps, etc.)

<u>Income: Source</u>	<u>Amount Mo.</u>	<u>Expenses:</u>	<u>Amount Mo.</u>
_____	\$ _____	Rent/mortgage	_____
		Utilities	_____
_____	\$ _____	Food	_____
		Medical	_____
_____	\$ _____	Other _____	_____

Total Income: \$ _____ Total Expenses: \$ _____

5. Please provide a copy of one monthly bank statement or letter of qualification for the amounts provided above.

If you have questions or need assistance with any part of this form, please call Teresa at our office – 503-668-6195. Thank you!