



Photography Scholarship Application

Mail this form to: 1028 S.E, Water Avenue Portland OR 97214
If you have questions regarding this form or classes call: (503) 341-6878

CLASSES ARE ONCE A WEEK

Please complete this application and return it as soon as possible to Focus on Youth, class size is limited. You will be contacted for a short interview.

Youth Name _____
Print name _____ age _____

Address _____
Street _____ city _____ zip _____

Telephone _____ email address _____

Female _____ Male _____ Ethnic Background _____

Attending School _____ yes _____ no _____ Where _____

School address _____

How did you learn about Focus on Youth? _____

Name of Parent or Guardian you live with _____

Will you commit to attending photo class once a week? _____ yes _____ no

Youth Signature _____ Date _____

Have you taken photos before? _____ yes _____ no

What language do you primarily speak? _____

Why would you like to learn photography? _____

What are your favorite activities? _____

What would you most like to photograph? _____

What are two reasons that make you a great candidate for this scholarship? _____

Find an adult who supports your participation in this photography project and have them sign below.

I would like to see _____ receive a scholarship for the Focus on Youth Photo Project

Adults Name(please print) _____ signature _____ date _____