



Philomath Community Foundation Mark Selby Memorial Scholarship

Applications using outdated forms will not be considered. Print or download this PDF on or after January 1 of the year in which you will submit your application for this scholarship.

The Philomath Community Foundation (PCF) will award a scholarship to a Philomath School District Youth who wishes to receive specialized therapy. The emphasis of this scholarship is to provide financial assistance for a youth to receive the therapy needed to address mental health/addiction issues.

Criteria for receiving the award:

1. Youth must be from the Philomath School District.
2. The youth normally qualified to receive assistance will be from 14 to and including 17 years of age.
3. The level of funding available from the PCF for the youth's treatment will be determined prior to enrolling in the treatment program, such as New Vision Wilderness Therapy.
4. A letter of referral addressing the youth's treatment needs must be submitted with the application. The referral cannot be from a relative or friend.
5. In order to receive the financial support, which was predetermined, the youth must successfully complete an approved treatment program.
6. The treatment program will be reviewed by the Philomath Community Foundation at the time the application for assistance is submitted.
7. The youth's legal guardian(s) must request and establish the need for financial aid and sign the Financial Disclosure Form which is part of the application criteria.
8. The youth's legal guardian(s) must submit to PCF the most current two years of completed and filed federal tax returns.

The completed application for the scholarship along with the required supporting documentation listed above is to be submitted to:

Philomath Community Foundation
P. O. Box 1000
Philomath, Oregon 97370
Attention: Mark Selby Scholarship Coordinator

Financial Assistance and Administration of the Scholarship:

1. A select group of the PCF Board will evaluate the completed application with supporting documentation and submit a confidential report to the full PCF Board outlining the youth's qualification for the scholarship
2. Philomath Community Foundation Board will determine the amount of the scholarship to be awarded based on available funds and financial need of the youth.
3. The scholarship amount will be available only upon notification by the treatment facility that the program has been successfully completed. Funds will then be sent to the treatment program administration to be applied to the cost of the treatment that is completed.

Youth's Name: _____ DOB: _____ Date: _____
(Printed)

Address: _____
(Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____ E-mail _____

Legal Guardian(s) _____
(Printed)

Address: _____
(If different than above)

Signatures: _____
(youth) (legal guardian(s))