



Scholars' Alliance™ Program Class of 2014

Application for Sophomores and Parents at Lakeridge and Lake Oswego High Schools

Student Name: _____

Parent Name(s): _____

Address: _____ Zip _____

Phone: Home _____ Work _____

Cell _____ Fax _____

Email _____

I, _____, am the parent/guardian of _____
_____, a student at _____ High School. I understand
that attendance and participation is required of me and my child over a three-year period. I have
shared/will share the materials describing the Lake Oswego *Scholars' Alliance™* Program with
my child and am committed to fully participate in that Program with my child. I am also
committed to fund our participation pursuant to the tuition requirements of the Program.

Parent Signature

Date

A tuition deposit of \$200.00 or request for Scholarship (check box below) must accompany this application. Payment can be made via check or credit card. Please make checks payable to:
LOSD Scholars' Alliance™. Deposit will not be processed until applicant is accepted into the
Program. Upon acceptance, a receipt will be given to participant. Deposit check will be
returned and credit card will not be charged if the applicant is not accepted into the program.
Balance of tuition (\$200.00) is due Friday, February 3, 2012.

VISA MasterCard | Check attached | Scholarship Requested*

Card # _____ Expiration _____

Name as it appears on card (please print): _____

Signature of cardholder: _____

*If your family is experiencing significant financial hardship, you can apply for a scholarship or fee reduction. To do so, contact Shari Huffmaster at 503-534-2301.