



Dance | Theatre | Camps | Visual Arts | Wellness

Received in Office
Date _____

Scholarship Application Form

Session: (Please circle one) **Spring I** **Spring II** **Summer** **Fall I** **Fall II**
Application Due Dates: **January 2nd** **March 2nd** **May 8th** **August 6th** **October 6th**

Student Name: _____ DOB: _____

Name of Parent(s)/Guardian (if under 18): _____

Telephone #: _____ Cell: _____ Email: _____

Mailing Address: _____

Total Household Income Last Year? _____ This Year? _____

Number of Members in Household: _____

Financial assistance is for ONE class only (Maximum of 60% of class cost)

***Please register with a deposit of \$25.00, pending scholarship notification to secure a place in the class. This deposit will be applied to your class cost.**

Class Name, Day and Time you want to register for: _____

How much tuition assistance are you requesting? _____

Are there any special circumstances that the Scholarship Committee should know about?

Whom can our tuition assistance committee call for a recommendation?

Name: _____ Telephone #: _____

How does this person know the applicant? _____

I have verified all of the above information for accuracy.

Signature: _____

Print Name: _____ Date: _____

***Classes fill up quickly and to avoid being placed on a waiting list please register early.**

