



Received in Office
By: _____
Date: _____

Scholarship Application Form

Session: (Please circle one) Spring I Spring II Summer Fall I Fall II Class Card
Applications will be reviewed monthly for those received by the 10th of the month.

Student Name: _____ DOB: _____

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

Telephone #: _____ Cell: _____ Email: _____

Mailing Address: _____

Financial assistance is for a percentage of total tuition. (Maximum of 70%)

***Please register with a deposit of the higher of 5% of tuition or \$25.00, pending scholarship notification, to secure a place in the class. This deposit will be applied to your class cost.**

Please specify what class you are requesting scholarship for and include the time period and cost:

How much tuition assistance are you requesting? _____

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

I have verified all of the above information for accuracy. I understand this application is not complete and will not be reviewed or considered until a copy of the 2010 IRS form 1040 listing the applicant as either taxpayer or dependent needs to be submitted. I will mail a copy of this form and this application to: Scholarship Committee, MoCo Arts, 76 Railroad St, Keene NH 03431

Signature: _____

Print Name: _____ Date: _____

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

