



SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Parent Name

First Name

Last Name

Student Name

First Name

Last Name

Address

Street

City & Postal Code

Contact

+

Home Phone

E-mail Address

PROGRAM ENROLLING IN:

SCHOLARSHIP AMT REQUESTED:

25%

50%

75%

100%

FINANCIAL DOCUMENTATION

THIS SCHOLARSHIP APPLICATION IS FOR PROGRAMS AND CAMPS AT THE CENTER FOR PERFORMING ARTS. WE WILL CONSIDER YOUR MONTHLY INCOME, HOUSEHOLD SIZE AND THEN DETERMINE ASSISTANCE TO ALIGN WITH YOUR INDIVIDUAL SITUATION. OUR GOAL IS TO HELP EVERYONE WHO QUALIFIES FOR ASSISTANCE. FINANCIAL ASSISTANCE IS POSSIBLE THANKS TO OUR GENEROUS DONORS AND PARTNERS WHO ARE COMMITTED TO PROVIDING RESOURCES THAT INCREASE ACCESS SO MORE PEOPLE CAN COME TOGETHER FOR THE COMMON GOOD.

HOUSEHOLD SIZE:

INCOME DOCUMENT TYPE:

ADDITIONAL COMMENTS:

I certify that all answers given and documents attached herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for assistance as may be necessary in arriving at a final decision. We will notify parents of our final decision no later than 2 weeks before classes begin.

Name & Signature

Date

Approval