



Community Arts Center Scholarship Request Form

Please note: completing this form does NOT guarantee acceptance into the class. Scholarships will be awarded based on financial need, availability of scholarship funds, and space in the requested class. Collecting this information will allow us to process your registration more quickly if your scholarship is approved.

Contact Information

(Parent information if requesting a scholarship for a child.)

Name: _____

Address: _____ City/State Zip _____

Preferred Phone: _____ Email address: _____

Student Information

If requesting a scholarship for an adult, skip this section

Name of Student: _____ Grade: _____ Age: _____

Child's School: _____

Emergency Contact Information (please list at least one name and number other than the primary contact listed above):

Does your child have any medical conditions, learning difficulties, special needs, or limitations that are addressed in his/her school program?

Please initial the statements below:

____ We understand that appropriate, respectful behavior is expected at all times while attending classes at the Community Arts Center. We know that inappropriate behavior may result in student's dismissal from class and that there will be no refunds in the event of dismissal.

____ Participants in Community Arts Center programs may be photographed by news reporters/photographers, staff members, or others. Registration constitutes permission to utilize photos taken at the event for news, promotion and similar purposes unless you contact Arts Center staff in advance of the event at info@communityartscenter.net.

(Please also complete back side of form.)

Scholarship Information

Class/Activity/Camp: _____ Cost: _____

This is a scholarship request for a:

- 50% Scholarship (student pays 50% of the cost of the class)
 75% Scholarship (student pays 25% of the cost of the class)
 90% Scholarship (student pays 10% of the cost of the class)

Materials and supplies for all classes will be provided by the Community Arts Center.

Does the scholarship applicant receive any government benefits (Medicaid, SNAP, etc)?

If not, please briefly describe your financial situation and how this activity poses a financial hardship:

Why do you/your child wish to participate in this activity? (Children are welcome to write their own response!)

How did you hear about this class? _____

Scholarships are entirely made possible by donations. May we include you/your child's photo in publications highlighting the impact of the scholarship program? (Scholarship recipients are identified by first name only.)

YES **NO**

Would you be willing to be contacted by our Development Director about sharing your story with our donors?

YES **NO**

I am making a commitment to arrive on time for all of the sessions and to participate fully in the class.

Student Signature: _____ Date: _____

As the parent or guardian, I will provide transportation or make arrangements for this student to attend class.

Parent/Guardian Signature: _____ Date: _____