



Scholarship Application

INSTRUCTIONS

Please answer all questions below. Applications will be reviewed on a rolling admission basis, pending availability of funds and class space. We are unable to process incomplete applications.

SESSION SIGN-UP

School & Class Name:	Grade:
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APPLICANT INFORMATION

Last Name	First Name	Middle Initial
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Home Address	City	State	Zip Code
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Phone Number	Email Address
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Student's Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
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Name of Parent/Guardian	Gross Salary	Occupation
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Name of Parent/Guardian	Gross Salary	Occupation
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FAMILY INFORMATION

Number of Dependent Children	Ages
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Amount Family Can Contribute

This form is continued on the back of this page.

TEACHER INFORMATION

Name of School	Teacher Name	School Phone Number
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*Please have the teacher email comments of student’s qualities, talents, and personal word stating why the student should be considered as a participant within the program.

Emails should be sent to Info@ArtsandLearning.org. Include STUDENT’S NAME + “Scholarship” in the subject of the email.

Statement from student as to why they should be considered as a participant within the program.
