



Date \_\_\_\_\_

## SCHOLARSHIP APPLICATION

\_\_\_\_\_  
(Student's Name) (Age)

\_\_\_\_\_  
(Street/City/State/Zip) (Phone)

\_\_\_\_\_  
(Parent/Guardian Name) (Occupation)

\_\_\_\_\_  
(Parent/Guardian Address if different than above)

If a student, what school do you attend? \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Who referred you to our programs? \_\_\_\_\_

\*Race/Ethnicity \_\_\_\_\_

What was your approximate income last year? \_\_\_\_\_

Number of Children in Family \_\_\_\_\_ Ages \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Please state other continuing financial responsibilities not covered in the above questions: \_\_\_\_\_

\_\_\_\_\_  
What classes are you interested in? (Include Day and Time) \_\_\_\_\_

\_\_\_\_\_  
Please state in your own words why you think you deserve this scholarship: \_\_\_\_\_

### **Please Read and Sign Below:**

*I understand that The Art Center may wish to take class photos/videos for TAC promotional purposes only, and I give my permission to be pictured/shown in these promotions.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* This question is asked for statistical purposes only.*