



GRACE COLE
SCHOLARSHIP
 N E E D B A S E D

GRACE COLE (Need-Based)
SCHOLARSHIP APPLICATION



Date _____

(Student's Name) _____ (Age of minor child) _____ *scholarships are awarded regardless of age

(Street/City/State/Zip) _____ (Phone) _____

(Email address) _____

(Parent/Guardian Name, if applicant is a minor) _____ (Occupation) _____

If a student, what school do you attend? _____ Grade: _____

Have you taken a class at TAC before? _____ Have you received a TAC scholarship before? _____

What special accommodations, if any, does the applicant require to participate in class? _____

Who referred you to our programs? _____

What was your household approximate annual 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: _____

If awarded, which classes/workshops would you like to take?

Please state in your own words why you or your child should receive this scholarship: _____

Please Read Scholarship Recipient Obligations and Sign Below:

Application ***MUST BE FILLED OUT COMPLETELY and returned to TAC by _____***. The Need Based Grace Cole Scholarship will be valued at \$500. and awarded on _____ to one recipient, to be used toward art classes/workshops at TAC. Scholarship must be used before Winter session, 2019.

Signature _____ Date _____