



THE ART CENTER

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) (Occupation)

(Parent/Guardian Address if different than above)

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? \$ _____

Which class would you like to take? **Must list three choices.**

I certify that the information I am providing is true: _____ (initials)

1st Choice
Class Title: _____ Class Code: _____ Day: _____ Time: _____

Class Price: _____ What I Can Pay in Total (including \$50. admin fee): _____

2nd Choice
Class Title: _____ Class Code: _____ Day: _____ Time: _____

Class Price: _____ What I Can Pay in Total (including \$50. admin fee): _____

3rd Choice
Class Title: _____ Class Code: _____ Day: _____ Time: _____

Class Price: _____ What I Can Pay in Total (including \$50. admin fee): _____

Please Read Scholarship Recipient Obligations and Sign Below:

- APPLICATION MUST BE FILLED OUT COMPLETELY. Incomplete applications will be returned.
- **Completed applications must be submitted by March 21, 2019, in order to receive a scholarship at 100% of the class costs.**
- I understand that adult students/guardians of children granted scholarships may be asked to volunteer at TAC.
- A \$50.00 admin fee is required of all scholarship recipients.
- Only one scholarship may be awarded per student per session.

Signature _____ Date _____