

GRACE COLE (Need-Based) SCHOLARSHIP APPLICATION



Date_	

(Student's Name)	(Age of minor child)	*scholarships are awarded regard	less 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 receiv	ved a TAC scholarship before?	
What special accommodations, if any, does the app	plicant require to participa	te in class?	
Who referred you to our programs?			
What was your household approximate annual inco	ome last year? \$		
Number of Children in Family	Ages		
Do you own or rent your home?	Monthly Payment		
Please state other continuing financial responsibili	ties not covered in the abo	ove questions:	
If awarded, which classes/workshops would you li	ike to take?		
Please state in your own words why you or your ch	hild should receive this sc	holarship:	
Please Read Scholarship Recipient Obligations	and Sign Below:		
Application MUST BE FILLED OUT COMPLET	TELY and returned to TA	<u>C by</u> The Need	Based Grace Cole
Scholarship will be valued at \$500. and awarded o	onto e	one recipient, to be used toward art	classes/workshops at
TAC. Scholarship must be used before Winter sess	sion.		
Signature	Date		
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