



Creative Arts Inc.
FINANCIAL NEED SCHOLARSHIP APPLICATION

Applicant Name: _____

Age: _____

Parent/Guardian Name: _____

Phone number: _____

Email: _____

Allergies/concerns: _____

Artistic Strengths & Interest: _____

Class(es) interested in attending:

All financial information submitted will be kept confidential.

Please attach last year's W2/tax filing proof of family income.

Yearly income: Under 30,000 ____ Under 40,000 ____ Under 50,000 ____ Other _____

Number of dependents in household: ____

Please note:

Applicants may be called for an in-person interview prior to application approval.

Scholarship runs for 1 year from date of approval.

Students must register for each session they attend (typically every 6-8 weeks).

Scholarship consideration/acceptance based on student's artistic interest & financial need.

Scholarships re-evaluated on a session-by-session basis.

Scholarship can be withdrawn at the discretion of instructor or director.

Parent/Guardian signature

Date

Approved by ____