

Creative Arts Inc.
Scholarship Application
Date: _____

All Sections must be complete for consideration

Student Name: _____
Age: _____
Address: _____
Phone numbers: Home: _____ Cell: _____
Emergency contact phone number: _____
Email: _____
Allergies/concerns _____
Artistic Strengths and Interest: _____

Brief Statement By Parent on reason for application: (financial, child's/parents artistic goals/
desires) _____

Recommendation: (By teacher, art teacher, counselor...)

Confidential Information

Please attach last years W2/tax filing proof of family earnings

Financial Status: Gross Income per Household:

12,000-30,000___ 30,000-50,000___ 50,000-80,000___

Mothers place of employment _____ phone: _____

Fathers place of employment _____ phone: _____

How many children in household _____

Terms: All Information is strictly confidential

Scholarship consideration/acceptance based on student's merit and financial need.

Scholarships run from fall through spring, and is re-evaluated on a session basis.

Scholarship can be evoked at the discretion of the director due to failure of
performance, low attendance or unacceptable behavior. (Student is expected to
perform at the best of their ability and attend classes consistently.)

Duration of scholarship: October-May

I HAVE ATTACHED REQUIRED FINANCIAL STATEMENT, AND ALL INFORMATION IS TRUE.
I HAVE READ AND ACCEPT TERMS OF THIS AGREEMENT:

GUARDIAN SIGNATURE: _____ DATE _____

DIRECTOR SIGNATURE: _____ DATE _____