



ArtCenter Manatee Scholarship Program
Student Scholarship Application 2019

FULL AND PARTIAL SCHOLARSHIPS MAY BE AVAILABLE.
Please complete form and send to ArtCenter Manatee

(Please Print)
Student Name: _____ Date of Birth: _____

Student's School: _____ Age: _____

Parent(s) or Legal Guardian(s): _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Scholarship Request for which class or program: _____

Date of class/program: _____ Scholarship Amount Requested: _____

Please explain why you are requesting a scholarship: _____

Parent/Guardian requesting scholarship *must attach* a current tax return.
(We recommend you block out all Social Security numbers.)

Family's Estimated Total Monthly Income: \$ _____/month

Job Title & Other Sources of Income: _____

Secondary Source of Income: _____

Do you qualify for any government programs (food stamps, medicaid, etc.)? Yes No

Has your child(ren) received a scholarship from ArtCenter Manatee before? Yes No Unsure

Who referred you to the ArtCenter Scholarship Program?

Name Relation to Student

Personal Reference: _____
Name Phone Relation to Student

Signature of Parent or Guardian Date

ArtCenter Manatee does not discriminate against any person on the basis of race, color, national origin, disability, age or sexual orientation in admission or participation in its programs, activities, or in employment.

FOR OFFICE USE ONLY:

Date received: _____ Date Reviewed: _____

Scholarship was: _____ approved in the amount of: \$ _____

_____ denied because _____

Date Applicant was Notified: _____ By: _____

Signature of ArtCenter Director Date

Student Attended: _____

Name of Class/Program: _____

Student Evaluation completed by: _____ Date: _____
Signature of Instructor

_____ Evaluation Attached.