



davis **arts** center

# Davis Arts Center Scholarship

## APPLICATION FORM

PARENT/GUARDIAN NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY & ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CLASS REQUEST: \_\_\_\_\_

EXPLAIN NEED FOR SCHOLARSHIP AND REASONS WHY STUDENT WANTS TO TAKE THE SELECTED CLASS

Because we want to be as accessible as possible, we do not require any documentation proving a certain level of income to determine eligibility. Instead we operate on a system of trust, asking you to evaluate your own financial situation and ability to pay tuition.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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### OFFICE USE ONLY

Received date: \_\_\_\_\_ Received by: \_\_\_\_\_