



# Scholarship Application

**Note: We require copies of the first 2 pages of the family's most recent income tax return with all scholarship applications.**

Date: \_\_\_\_\_ Member: Y N

Student Name(s): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Specific Classes/Lessons and Term applying for: \_\_\_\_\_

Class: \_\_\_\_\_ Cost: \_\_\_\_\_

Class: \_\_\_\_\_ Cost: \_\_\_\_\_

Class: \_\_\_\_\_ Cost: \_\_\_\_\_

Class: \_\_\_\_\_ Cost: \_\_\_\_\_

Why do you want to receive a scholarship?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of children in family? \_\_\_\_\_

Number of family members enrolled in extracurricular classes?  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent (or Individual if not a minor):  
\_\_\_\_\_

*Note: Students who receive a scholarship will be asked to assist the Art Center from time to time.*

*Scholarships are determined by financial need.*

**Please attach the first two pages of your income tax return to this sheet.**

**Payment is expected in full at time of registration, with exception of 17-week Dance Classes unless other arrangements have been made with the Business Manager.**

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**FOR OFFICE USE ONLY**

Date application submitted: \_\_\_\_\_ Date application reviewed: \_\_\_\_\_

Successful: \_\_\_\_\_ Not Successful & Reason: \_\_\_\_\_

Tuition Amount: \_\_\_\_\_ CTAC Portion: \_\_\_\_\_ Family Portion: \_\_\_\_\_

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RETURN FORM TO: Crooked Tree Arts Center, 461 E. Mitchell St., Petoskey, MI 49770 or email a scanned copy with tax returns to carina@crookedtree.org. Or fax to: 231-347-5414.