

DELAWARE COUNTY CULTURAL ARTS CENTER
SCHOLARSHIP PROGRAM
Financial Need Scholarship Application

STUDENT NAME: _____

PARENT/ GUARDIAN NAME (IF APPLICABLE): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (DAY) _____ (EVENING) _____

EMAIL: _____

AGE: _____ NUMBER IN FAMILY: _____

SCHOOL: _____ GRADE: _____

PLEASE REFER TO THE CURRENT BROCHURE IN MAKING YOUR CLASS SELECTIONS:

CLASS NO.: _____ CLASS 1ST CHOICE: _____ PRICE: _____

CLASS NO.: _____ CLASS 2ND CHOICE: _____ PRICE: _____

CHECK LEVEL OF INCOME IN YOUR HOUSEHOLD:

LESS THAN \$10,000 \$10,000 - \$20,000 \$20,000 - \$30,000 ABOVE \$30,000

PLEASE STATE BELOW YOUR REASONS FOR WANTING TO PARTICIPATE IN THIS CLASS AND YOUR NEED FOR FINANCIAL AID:

DEADLINE FOR SCHOLARSHIP APPLICATION IS: August 20, 2010 at 5:00pm

SIGNATURE OF PARENT OR GUARDIAN DATE: _____

PLEASE RETURN TO:

The Arts Castle
190 W. Winter Street
Delaware, Ohio 43015
Ph.: 740/369-2787

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