

Scholarship Application Form

(Please submit one application per student.)

Today's Date: _____

Student Name: _____

Student Age: _____

Contact Information for Person Submitting This Application:

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Has this student taken classes with us before? YES / NO

Does Student have any allergies? _____

How did you hear about our class or program? _____

Please list which class or program you are applying for scholarship for. Please note that a maximum annual benefit of \$100 can be awarded per student.

How would being awarded a scholarship benefit your student/family?

Please turn-in to Guest Services at the museum's front desk, email to guestservices@sdca-arts.org, or mail to Sangre de Cristo Arts Center, Attn: Guest Services 210. N. Santa Fe Ave, Pueblo, CO 81003.