

SCHOLARSHIP APPLICATION FORM

(Please submit one application per student)

STUDENT INFORMATION

Student First Name: _____

Student Last Name: _____

Student Age: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

STUDENT DETAILS

Has the student taken classes with us before? Yes No

Does the student have any allergies?

How did you hear about our program?

PROGRAM INFORMATION

Class or Program Applying For:

SCHOLARSHIP REQUEST

Each student may receive up to 25% of tuition per class, per semester.

Please describe how this scholarship would benefit your student and/or family:

SIGNATURE

I certify that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____

Please turn-in to Guest Services at the museum’s front desk ATTN: Michael Willard, email to

michael@sdca-arts.org, or mail to Sangre de Cristo Arts Center, Attn: Guest Services 210. N. Santa Fe Ave, Pueblo, CO 81003.

FOR OFFICE USE ONLY

Date Received: _____ **Approved:** Yes No **Amount Awarded:** _____

Staff Initials: _____