

The Contemporary Austin

ART SCHOOL

Scholarship Application

Please return this application via fax or mail. Scholarships do not include supplies, with the exception of children's classes. A parent or guardian should complete this form for children.

PERSONAL DATA

Student Name _____ Date of Birth _____ Age _____

Parent/Guardian Name _____ Semester _____

Mailing Address _____

City _____ State _____ Zip Code _____ Email _____

Phone: Home _____ Mobile _____

FINANCIAL SITUATION

Scholarships are based on financial need. Privacy will be respected.

Employment _____ Title _____

Part-Time (Y/N) _____ Full-Time (Y/N) _____ Married (Y/N) _____ Number of Dependents _____

Spouse Employment _____ Title _____

Net Monthly Income (including spouse, if applicable) _____

How much can you contribute toward the cost of the class? _____

Class Choices: 1st _____ 2nd _____ 3rd _____

*Please visit thecontemporaryaustin.org/artschool to view our class selection.

Have you previously received a scholarship from us? If so, what class (please include semester/year) _____

Where did you learn about our scholarship program? _____

This section for OFFICE USE ONLY:

Amount Awarded:
Notified:

Fund:
Class:

Received:

Balance Due:

Notes:

Please state your financial situation clearly. Why do you need this scholarship?

(If you would like to attach additional information, such as teacher recommendations, you may do so.)

I understand that I will provide my own transportation to each class and I will make every effort to attend all class sessions, self or child. The information I have provided is complete and accurate.

Signature of Applicant or Parent/Guardian _____ **Date** _____

Scholarship recipients will be notified by telephone.