

Cultural Arts Center Scholarship Application Form

Name of Student: _____ AGE: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Number of people living in your home: _____

Mom/StepMom's Name: _____

Mom/StepMom's Workplace: _____

Mom/StepMom's Phone Numbers: cell- _____ work- _____

Dad/StepDad's Name: _____

Dad/StepDad's Workplace: _____

Dad/StepDad's Phone Numbers: cell- _____ work- _____

Parent's EMAIL address: _____

MEDICAL INFORMATION:

Does your child take any form of medication daily or on a regular basis? ___ Yes ___ No If yes, please tell us about it:

Name of Medicine: _____ Dosage amount: _____ how often
taken: _____ What is it for? _____

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taken: _____ What is it for? _____

Does your child have any food allergies we need to be aware of in case snacks are provided during a class? Please list them here: _____

Please mark any medicines that we will be required to give your child while they are here at the Cultural Arts Center for classes.

SCHOOL INFORMATION

School you will be attending in fall : _____

School Grade you will be in fall : _____ Does your child receive any special academic services in school such as an IEP or is enrolled in a special services class for a learning disability, handicap, or other service? _____

Tell us about this special need: _____

FINANCIAL INFORMATION

All information released in this application is kept strictly confidential. Only a committee of 3 will see this form and any documentation that accompanies it and considers this to be confidential information and therefore cannot release it to any outside party. Please complete the list below and tell us about your income:

Money Coming Into The Home by Anyone living in the house:

Check one

Type of Money coming in:	Amount	weekly	every 2 wks	monthly
Mom/Stepmom's take home paycheck	\$			
Dad/Stepdad's take home paycheck	\$			
Child Support	\$			
Alimony	\$			
Money given for the care of children by a friend	\$			
WIC and/or Food Stamps	\$			
Social Security/ SSI/ Disability	\$			
Insurance Settlement	\$			
TOTAL REVENUE COMING IN TO HOME:	\$			

Money you pay in the form of bills or living expenses:

Type of Bills or Living Expenses you pay out	Amount	weekly	every 2 wks	monthly
RENT	\$			
ELECTRIC BILL	\$			
GAS BILL	\$			
CAR PAYMENT	\$			
CAR INSURANCE	\$			
GAS FOR CAR	\$			
GROCERIES	\$			
DOCTOR BILLS	\$			
HOSPITAL BILLS	\$			
MEDICINE BILLS	\$			
CHILD CARE BILLS	\$			
CHARGE CARD BILLS	\$			
LOAN PAYMENTS (CASH ADVANCE, TITLE LOAN,)	\$			
CELLPHONE	\$			
HOME PHONE	\$			
CABLE TV	\$			
INTERNET	\$			
PAY PER VIEW ON CABLE	\$			
CLOTHING/SHOES/HAIR CARE/NAILS	\$			
INFANT SUPPLIES (DIAPERS, WIPES, FORMULA)	\$			
SAVINGS ACCOUNT	\$			
OTHER: please specify who you are paying and for what below	\$			
	\$			
	\$			

