

# Music & Arts Center Scholarship Application

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Relation to youth: \_\_\_\_\_

Primary Contact's Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relation to youth: \_\_\_\_\_

Secondary Contact's Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Youth Lives With: \_\_\_\_\_ Number of People Living in Household: \_\_\_\_\_

Monthly Household Income: \_\_\_\_\_

Monthly Income received from DSHS (if any): \_\_\_\_\_

Total Monthly Bills/Expenses: \_\_\_\_\_

Why are you interested in attending the Music & Arts Center?

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Other factors for consideration?

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I understand that scholarships are awarded not only based on financial need but also on my child's desire to learn and participate in programs at the Music & Arts Center. I understand I may be required to provide proof of income, including a current pay stub, and Tax Statement. I understand my personal income will be kept confidential. I declare the information contained in this document is complete, true and correct.

\_\_\_\_\_  
Primary Contact's Signature

\_\_\_\_\_  
Date

