

**COLQUITT COUNTY ARTS CENTER
SCHOLARSHIP APPLICATION
CONFIDENTIAL – PLEASE PRINT**

Students Name: _____ Students Age: _____

Class Choice: _____ Class Cost: _____ School: _____

Name of Parent/Guardian: _____

Mailing Address: _____

City, State and Zip Code: _____

Preferred Phone Number: _____ Work phone: _____

HOUSEHOLD MEMBERS: List the names of all members in your household receiving benefits from income and financial support.

MONTHLY INCOME: List total income for last month on the same line with the name of the person who received it. List GROSS income BEFORE deductions for taxes, social security, etc.

**PLEASE FILL IN ALL BOXES FOR EACH MEMBER OF YOUR FAMILY
AND attach a copy of a PAYCHECK STUB or some OTHER PAPERWORK to VERIFY
your income information. BE SURE TO INCLUDE ALL INCOME THE FAMILY RECEIVES.**

Household Member Name	Amount from Work or Pension	Amount from Food Stamps	Amount from Child Support	Amount from Welfare, SSI, or other Government agencies
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				

List additional family members on the back. Use the back, if needed, to describe any circumstance influencing financial need which may not be indicated through the information above.

**I certify that all the information above is true and correct and that ALL INCOME is reported.
My signature also gives the Colquitt County Arts Center permission to contact any of the above listed agencies to verify information I have given.**

Signature: _____ Date signed: _____

Printed name of above: _____

Please note that we are asking each family to make a small contribution to the cost of the class to encourage participation. Students will forfeit their scholarship if there are more than two unexcused absences. Multiple scholarships per family are available on a case-by- case basis. If your circumstances change and you no longer need the scholarship, please contact the Arts Center to release those funds for another family in need.