

Scholarship Application



STUDENT INFORMATION

Student Name _____ Senior (65+) yes no

Parent/Guardian (if child) _____ Child's Birth Date _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

email address _____

CLASS INFORMATION

Class _____

Class Date(s) _____ Time _____ Tuition _____

Class _____

Class Date(s) _____ Time _____ Tuition _____

Please contact us at info@artistreevt.org if you are applying for a scholarship for more than 2 classes.

HOUSEHOLD INFORMATION

* Submitting this application does not guarantee a scholarship. Artistree grants scholarships based on need. Please circle an income level/household size if applicable to you.

Family Size	Annual Income
1	\$25,000
2	\$34,000
3	\$43,000
4	\$52,000
5	\$60,000
6	\$69,000
7	\$78,000
8	\$87,000

Does your child qualify for the free lunch program at school? yes no

How much of the cost do you feel you can comfortably pay? _____

Please tell us how will these classes help you meet your goals?

Why is support needed at this time?

How did you hear about Artistree's Scholarship opportunity?

Please return application by email: info@artistreevt.org or mail to: Artistree, PO Box 158, South Pomfret, VT 05067. Please call with any questions at: (802) 457-3500

SIGNATURE: _____ **DATE:** _____

By signing this scholarship application I am affirming the information I provide here is true and correct.