CHRISTINA CULTURAL ARTS CENTER
SCHOLARSHIP APPLICATION

INSTRUCTIONS: Please read and complete all sections of this form. Return the signed Scholarship Application along with the Registration form and all required documents to the Registrar’s office. Please type or print neatly.

SECTION I: STUDENT INFORMATION

Name:________________________________________________________________
Address:_______________________________________________________________
Telephone: Home________________  Work______________   Cell______________
Date of Birth:_____________________   School:____________________  Grade:_____
Instrument(s):____________________________________________________________
Group Class(es):______________________________________
Have you studied the arts previously?  ___YES   ___NO           How Long?________
How long has student been studying at CCAC?__________________________________
What class or classes is Scholarship being requested for?

SECTION II: PARENT/GUARDIAN INFORMATION

Father:____________________________  Mother:____________________________
Address:___________________________  Address:___________________________
Telephone: Home_______ Work:_______  Telephone: Home_______ Work:_______
Email Address:______________________  Email Address:_______________________

SECTION III: BILLING INFORMATION

Name:________________________________________________________________
Address:________________________________________________________________
Telephone: Home_________________________ Work_________________________

SECTION IV: FINANCIAL

In order to make an assessment of scholarship eligibility, please provide the following information:

- Number of members in your immediate family?  ____Adults   ____Children
- Copy of most recent Federal Income Tax Return
- Recent copy of parent’s pay stub/Adult student’s pay stub

If you are not employed, please provide verification of monthly income from all sources (i.e. public assistance, social security, pension, child support, etc.)

Total Family Monthly Income:         Monthly Expenses:
Salary: $_________________________  Rent/Mortgage: $________________
Other: $_________________________   Loan(s): $________________
Total: $_________________________   Other: $________________
Do you own any stocks, bonds or investment property?  ____YES  ____NO

Do you own any portion of a business?  ____YES  ____NO

Did you have any extraordinary expenses during the year? (Please explain)
________________________________________________________________________________________

Did you anticipate any extraordinary expenses during the year? (Please explain)
________________________________________________________________________________________

Family Contribution

List the maximum monthly amount you can contribute to the student’s tuition?  $______________

SECTION V: STUDENT ESSAY

Each student should write an essay to the following questions:  1) Why should you receive a scholarship from Christina Cultural Arts Center?  2) I want to study because… (typed responses may be attached).
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

AGREEMENT: I understand that a scholarship award is contingent upon the student’s progress and full participation and cooperation in all classes, ensembles and other related activities. I certify that the information provided on this form is correct and understand that false and/or incomplete information are grounds for forfeiting all scholarship awards.

Signature (Parent/Guardian):___________________________ Date:____________________

____ Completed Application (Scholarship and Registration)
____ Copy of most recent Federal Income Tax Return
____ Most recent copy of parent’s pay stub/Adult student’s pay stub

Scholarship requests will not be considered without the above information