

Octagon Center for the Arts Educational Scholarship Application

The Octagon Center for the Arts has created a scholarship program based on financial need. Each year a limited number of scholarships that fund whole or partial tuition are given to deserving students. Please complete *all three parts of this application* and return it to the Octagon at least two weeks prior to the program’s start date (see class schedule for deadlines). Be sure to sign in the space provided on part one and two. Spaces are limited, so we encourage early submission of scholarship applications. Scholarship recipients must commit to complete all activities in the program and attend all class meetings to be eligible for future assistance.

Part One: Student and Parent/Guardian Contact and Class Information

Adult Responsible for this application				
Home address				
Telephone number(s)				
Student (s)				
School name, if applicable				
Address of student if different from above				
Student name	Age	Class Title	Dates of class	Tuition
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Part Two: Parent/Guardian Financial Information

If you need more space, attach an additional sheet of paper. (If needed, an adult may help you complete the application.)

Financial Information

1. How many people does the household income support?

Children under 16 _____ + Adults _____ = Total _____

Please list sources of income including salary and wages, child support, alimony, social security, public assistance, unemployment compensation, disability payments, pensions, investments, etc.

Sources:

2. What is the total annual household income from the above sources? \$

3. How many members of the household are employed?

4. Please indicate their names, place of employment, and relationship to the applicant:

Name

Employer

Position

Full or part-time?

Relationship to student(s)

Name

Employer

Position

Full or part-time?

Relationship to student(s)

I hereby state the information provided is true and accurate.

Signature

Date

Part Three

Please complete the following information:

List one person who knows the student(s) well, for example, a teacher, a minister, an employer or a social worker.

Name _____ Phone _____

Relationship to student _____

To be completed by recipient/student/family member:

Please answer the following questions in 100 words or less.

1. What services/volunteer work could you contribute to the Octagon in exchange for tuition credit? (Helping with mailings, volunteering at annual events, organizing studio spaces/supply areas, etc.)

2. Why do you want to take this particular class?

3. Why should you be considered for this scholarship?

4. Would you take this class even if you did not receive a scholarship?

YES NO

5. Some scholarships require that your identity be revealed to the donor. May we reveal this information to the donor?

YES NO