



**ArtCenter Manatee Scholarship Program**  
Student Scholarship Application 2020

FULL AND PARTIAL SCHOLARSHIPS MAY BE AVAILABLE.  
Please complete form and send to ArtCenter Manatee

(Please Print)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's School: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Scholarship Request for which class or program: \_\_\_\_\_

Date of class/program: \_\_\_\_\_ Scholarship Amount Requested: \_\_\_\_\_

Please explain why you are requesting a scholarship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian requesting scholarship *must attach* a current tax return.  
(We recommend you block out all Social Security numbers.)

Family's Estimated Total Monthly Income: \$ \_\_\_\_\_/month

Job Title & Other Sources of Income: \_\_\_\_\_

Secondary Source of Income: \_\_\_\_\_

Do you qualify for any government programs (food stamps, medicaid, etc.)? Yes No

Has your child(ren) received a scholarship from ArtCenter Manatee before? Yes No Unsure

Who referred you to the ArtCenter Scholarship Program?

\_\_\_\_\_  
Name Relation to Student

Personal Reference: \_\_\_\_\_  
Name Phone Relation to Student

\_\_\_\_\_  
Signature of Parent or Guardian Date

ArtCenter Manatee does not discriminate against any person on the basis of race, color, national origin, disability, age or sexual orientation in admission or participation in its programs, activities, or in employment.

FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Scholarship was: \_\_\_\_\_ approved in the amount of: \$ \_\_\_\_\_

\_\_\_\_\_ denied because \_\_\_\_\_

\_\_\_\_\_  
Date Applicant was Notified: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
Signature of ArtCenter Director Date

\_\_\_\_\_  
Student Attended: \_\_\_\_\_

\_\_\_\_\_  
Name of Class/Program: \_\_\_\_\_

\_\_\_\_\_  
Student Evaluation completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_ Evaluation Attached.

**ArtCenter Manatee**  
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artcentermanatee.org  
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