VASHON ALLIED ARTS

Vashon Allied Arts Classes
Confidential Scholarship Application

Student Name:_____ Age: _____Birthdate: _____

Parent Name:_____ Phone: _____E-mail:_____

Address:_____

Monthly household income: _____

Total people in household: _____

Source of income:_____
(ie. job, child support, public assistance, savings, etc.)

Number of children in family:_____ Ages:_____

Please explain circumstances that affect your family financial situation at this time: (use back of form if needed)

_____

_____

_____

_____

_____

Please list classes and tuition for which assistance is requested:

1. _____

2. _____

3. _____

Total tuition amount: _____

Amount of assistance requested from VAA: ☐ 75% ☐ 50% ☐ 25% ☐ other _____

- ☐ Please check if we can leave a voicemail regarding details of your scholarship award.
- ☐ I understand scholarship awards are limited and I will commit to attend or make-up each class.
- ☐ Upon notification of award, I understand that I have one week to arrange time payments.

_____

signature Date