



Received in Office By: _____ Date _____

Scholarship Application Form

Session: (Please circle one) **Spring** **Fall** **Summer**

Applications will be reviewed monthly for those received by the 10th of the month.

Student Name: _____ DOB: _____

Name of Parent(s)/Guardian (if under 18): _____

Telephone #: _____ Cell: _____ Email: _____

Mailing Address: _____

Financial assistance will not cover the full tuition. In order to register, you must pay in full 50% of the tuition (either at once or in a payment plan) in order to register for classes. *

Please specify what class you are requesting scholarship for and include the time and cost:

Are there any special circumstances that the Scholarship Committee should know about?

I have verified all of the above information for accuracy. I understand this application is not complete and will not be reviewed or considered until a copy of the 2010 IRS form 1040 listing the applicant as either taxpayer or dependent needs to be submitted. I will mail a copy of this form and this application to: Scholarship Committee, MoCo Arts, 76 Railroad St, Keene NH 03431

Signature: _____

Print Name: _____ Date: _____

***Classes fill up quickly and to avoid being placed on a waiting list please register early.**

