

Manhattan Arts Center - Youth Scholarship Application

(January 2024)

Parent(s) Name(s) _____

Guardian(s) Name(s) _____

Student Name _____ DOB: _____ School/Grade _____

Student Name _____ DOB: _____ School/Grade _____

Student Name _____ DOB: _____ School/Grade _____

Student Name _____ DOB: _____ School/Grade _____

Address _____ City _____ Zip _____

Primary Phone _____ Secondary Phone _____

Primary Email _____ Secondary Email _____

Class(es) for which you are applying (title of class and date(s) of class):

Does your family qualify for or participate in the federal USDA school lunch program?

NO **YES:** Reduced Lunch Free Lunch Unsure

Please explain your special situation/needs _____

Please explain how this scholarship would benefit your family? _____

Please indicate what kind of payment plan would be helpful:

2 payments 3 payments 4 payments

For CSPA only: 5 payments 6 payments 7 Payments 8 payments

How much of the class fee do you think you can afford to pay? _____

FOR OFFICE USE ONLY: Date Received: _____ By: _____
