Application for Tuition Assistance

Featherstone Center for the Arts strives to make art and creativity accessible to all. Scholarship/tuition assistance is available for all classes at Featherstone for adults and children as well as Children's Summer Art Camp.

Name: _____

Child's Name:
(if applicable) _____

Mailing Address: _____

City, State Zip: _____

Email: _____

Mobile Phone: _____

Home Phone: _____

If a scholarship is awarded, what class would you like to attend (please include class/ workshop date):

Class: _____

Date: _____ 2nd option Date: _____

Scholarship Amount Requested (50% of class maximum) _____

Have you taken classes at Featherstone before? If so what and when?

_____

Employer

Name: _____

Phone: _____

Please provide a brief description of your financial situation/need for assistance.

_____

_____

_____

_____

_____

Please include a brief explanation of why taking this class is important to you!

_____

_____

_____

_____

_____

_____

Number of Adults in Household: _____

Number of Children (under 18) in Household: _____

I hereby certify that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge. Any false or misrepresentation of information will terminate the financial assistance.

Signature: _____

Date: _____

OFFICE USE ONLY

Class/Workshop	
Date	
Scholarship awarded amount	
Applicant responsible to pay	