



Community Fine Arts Camp 2017

Scholarship Application

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____

Parent/Guardian E-mail: _____

Student(s) Registering for Camp: _____

All scholarship students are required to pay a minimum of \$20. If you are able to pay more than this, please note the amount here: \$_____.

This is a **need-based** scholarship. Using the space below, please explain your situation and why a scholarship is needed this year for your student(s).

Parent/Guardian Signature

Date