

# Guilford Art Center -- Scholarship Application

The Guilford Art Center offers financial aid for adults and children enrolling in classes at GAC. Financial Aid is based on need and interest. Applications must be returned no later than ten days before the beginning of the semester for which the scholarship is being requested. Scholarships may be limited to classes that do not otherwise have full enrollment. The Guilford Art Center generally offers partial scholarships to enable as many students as possible to participate in our programs. **All applicants must submit the first page of their last federal tax return for income verification. All information will be kept confidential.**

**\*\*\* Please be sure to provide all information requested. \*\*\***

Name of Scholarship Recipient: \_\_\_\_\_

For youth applicants, name of parent/guardian and age/grade of applicant:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you a GAC member? (Yes/No) \_\_\_\_\_ If so, check one: Individual \_\_\_\_\_ Family \_\_\_\_\_

What semester are you requesting this scholarship for? \_\_\_\_\_

What class do you want this scholarship for? \_\_\_\_\_

What day and time does the class meet? \_\_\_\_\_

Why are you interested in taking this class? \_\_\_\_\_

\_\_\_\_\_

Number of adults/children in household: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Annual gross household income: \_\_\_\_\_ Have you applied for aid before? (Yes/No) \_\_\_\_\_

Member/nonmember tuition of class: \_\_\_\_\_ Amount of scholarship money requested: \_\_\_\_\_

I hereby certify that all of the above information is correct.

\_\_\_\_\_  
Signature of applicant or guardian

\_\_\_\_\_  
Date

*For Guilford Art Center Office Use Only...* Scholarship Awarded \_\_\_\_\_