

## THE MOREAN ARTS CENTER 2024 SCHOLARSHIP APPLICATION

PLEASE ANSWER ALL QUESTIONS AND RETURN TO EDUCATION@MOREANARTSCENTER.ORG

### 1. APPLICANT INFORMATION

Name of child \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of child's school \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email \_\_\_\_\_

Have you received a scholarship from the Morean Arts Center before? Yes No

### 2. FINANCIAL INFORMATION

Please fill out the following information to help us better understand your household's financial situation.

My child receives free or reduced lunch.

My child attends a Title 1 school.

### 3. HOW WOULD CAMP AT THE MOREAN ARTS CENTER PUT A FINANCIAL STRAIN ON YOUR FAMILY?

### 4. HOW WOULD CAMP AT THE MOREAN ARTS CENTER BENEFIT YOUR CHILD?

### 5. WHICH CAMP WEEK/DAY ARE YOU INTERESTED IN FOR YOUR CHILD?

6. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_