



THE MOREAN ARTS CENTER 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 attends a Title 1 school **-OR-**

☐ My child receives free or reduced lunch. *Please complete the Free/Reduced Lunch Verification Form below or submit verification received from your child's school district.*

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. Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Free/Reduced Lunch Verification Form

I, _____ (School Administrator) verify that
_____ (Applicant) is eligible for free or reduced
lunch at _____ (School Name).

School Administrator Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____