

KRASL ART CENTER SCHOLARSHIP APPLICATION

Please email this completed form to education@krasl.org OR mail to Education Dept. 707 Lake Blvd. St. Joseph, MI 49085

(Priority is given to students whose families have the greatest financial need.)

Student Name: _____ Date of Birth: _____

Address: _____

Telephone H: _____ W: _____ C: _____

Email: _____

Parent or guardian (if applying for youth scholarship):

Name (s): _____

Address: _____

Telephone H: _____ W: _____ C: _____

Email: _____

1. What class(es) is the student interested in taking?

Code: _____ Title: _____

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2. We ask that all students pay a portion of their tuition (no matter how small).

How much would you like to pay? _____

3. Have you ever received a Krasl scholarship in the past? Yes No _____

4. Are you committed to attending all sessions of the class for which you are applying? Yes No _____

5. Is transportation assistance required? Yes _____ No _____

6. Please state reason(s) for the need of a scholarship.

Signatures:

Student Name: _____

Parent / Guardian: _____

Scholarship Guidelines:

- Scholarship application must be filled out and received by the printed registration deadline for that term.
- Scholarships are available for both adult and youth classes.
- Priority is given to students whose families have the greatest financial need.
- You will be contacted at least 7 days before the class begins.
- Scholarship students who fail to attend class may not be considered for future scholarships at the Krasl Art Center.
- Scholarships are not redeemable for cash value.