

ChiArts Summer Camp Scholarship Form



Contact Information

Today's Date:

Student Name	
Student Birthdate	
Student grade as of Fall 2018	
Student Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
Parent Name	
Parent/Student E-Mail Address	

Household Income

Please list your annual household income here (include all contributors)	
Your Employer/Profession	
Spouse's Employer/Profession	
Total Number of Dependents	

Are there special circumstances that affect income as it is reflected in your proof of income? Please include student loans, familial support, child support, etc.

Tell us more about your child! What are their interests, hobbies, extracurriculars? After school, weekend, and self-guided activities can be included.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.

Name (printed)	
Signature (Electronic acceptable)	
Date	