

## **CAN (Children's Art in the Neighborhood)**

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### **Scholarship Application:**

If your child would not be able to attend do to the cost of the class please answer the questions below. We will review the application and advise you if a scholarship can be awarded.

Student Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Parent/Guardian Name & Address:

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Parent/Guardian Phone: \_\_\_\_\_ email: \_\_\_\_\_

How many children are in the family? \_\_\_\_\_

Tell us why your child wants to attend the classes and his/her special interest in art and this program?

Are you able to pay any amount toward the fee? If so, how much? \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**