AIKEN CENTER for the ARTS

United Way of Aiken County/Aiken Center for the Arts
Class Scholarship Application Form

GUARDIAN/Parent Name _____
LAST FIRST MI

MAILING ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____

DO YOU RECEIVE PUBLIC ASSISTANCE? YES☐ NO☐

IF YES, PLEASE SPECITY ASSISTANCE
(Food Stamps) (Family Independence) (Medicaid)

Proof of Assistance must be presented at time of application, ie, EBT card, Medicaid card, etc.

(1)STUDENT'S NAME_____
LAST FIRST MI
_____AGE _____MALE _____FEMALE ____GRADE _____SCHOOL

Class Request _____

(2)STUDENT'S NAME_____
LAST FIRST MI
_____AGE _____MALE _____FEMALE ____GRADE _____SCHOOL

Class Request _____

APPLICATION DOES NOT GUARENTEEDSCHOLARSHIP WILL BE GRANTED.
SCHOLARSHIPS ARE GRANTED ON AN AVAILABILITY BASIS.

REVISED 1/24/2005