

Watauga County Arts Council Scholarship Application

(please print clearly)

Date of request: _____

Name of participant: _____ Age (if under 18) _____

Name of parent/guardian if under 18: _____

Email _____

Home address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Employer (or parent/guardian's employer if under 18): _____

Scholarships are available for financial assistance in attending workshops, taking lessons and classes, or participating in any other tuition based program of the Watauga County Arts Council. These are available due to the generosity of donors. The number of scholarships per series are limited and full scholarships are not available. Scholarship awards are available to students of any age, race, color, national origin, sexual orientation, and ethnic origin, however recipients must be residents of Watauga County. Scholarship decisions are made by the WCAC Scholarship Committee. Requests must be received at least 2 weeks prior to the first session of the lessons, classes, workshop, or program.

For which program or workshop are you requesting a scholarship? _____

Tuition _____ Amount of assistance requested: _____

Please outline your reasons for needing assistance:

Have you ever received a scholarship from the WCAC before? _____ How much? _____ For what? _____

Signature

Relationship to participant if under 18

For office use only

Date Received: _____ Date Reviewed: _____ Amount Awarded: _____

Comments: