

Arts Council of Wilson Scholarship Application

Applicant Name _____
(Please Print)

Class Applied For _____
(Please Print)

Address _____
Street City/State Zip

Daytime Phone: _____ Evening Phone: _____

Parent/Guardian Name _____

Employer's Name _____

Employer's Address _____
Street City/State Zip

Annual gross family income before tax withholding \$ _____

(This information is strictly confidential and is reviewed by the Executive Director and the Scholarship Committee as needed.)

Are you currently receiving any state or federal assistance for your family?

If yes, please list the agency from which you receive assistance:

The number of adults living in household? _____ # of children in household _____

Have you or any other member of your family received a scholarship from the Arts Council in the past? Yes ___ No ___ If so, Who and When?

Please state below your reason for applying for the Arts Council of Wilson Scholarship?

Applicant's Signature

Date

For office use:

Date: _____

Application received and reviewed by: _____

Scholarship Awarded: Yes ___ No ___

Scholarship Award Amount: \$ _____