



222 West 3<sup>rd</sup> Street  
Joplin, MO 64801  
417-623-0183  
[www.spivaarts.org](http://www.spivaarts.org)

## SCHOLARSHIP APPLICATION

**Please fill out a separate form for each child for whom you are requesting a scholarship.**

**All information is required.**

**Class Registration Form must be attached.**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Title** **Date** **Time** **Cost**

Class(s) Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

### Financial Information

Number of children in home: \_\_\_\_\_ Household size (including children): \_\_\_\_\_

Approximate annual income: \$ \_\_\_\_\_ What could you pay per class? \$ \_\_\_\_\_

Source of income: \_\_\_\_\_

Please state why you feel your child should be awarded a scholarship. Include any special circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If possible, submit 4 days prior to start of class otherwise bring in the day of class.**

Office Use Only:

Received Application: \_\_\_\_\_ Director Approval: \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_

Notified Parent Guardian: \_\_\_\_\_ Funded From: \_\_\_\_\_  
Staff \_\_\_\_\_ Date \_\_\_\_\_

Posted to Class Roster \_\_\_\_\_ Posted by Bookkeeping \_\_\_\_\_  
Staff \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_