



222 West 3rd Street
Joplin, MO 64801
417-623-0183
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
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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 _____