



212 West 7th Street
Joplin, MO 64801
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www.spivaarts.org

SCHOLARSHIP APPLICATION

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

Name: _____ Date: _____

Adult Child

DOB: _____ 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 you or your child should be awarded a scholarship. Include any special circumstances:

Must be submitted a minimum of 4 days before day of class.

Office Use Only:			
Received Application:	_____	Director Approval:	_____
	By Date		Date
Notified Parent Guardian:	_____	Funded From:	_____
	Staff Date		
Posted to Class Roster	_____	Posted by Bookkeeping	_____
	Staff Date		Staff Date