

SCHOLARSHIP APPLICATION

New Student : ☐ Returning Student : ☐

Student Name :
 Street Address :
 City, State : Zip/Postal Code :
 Phone (Main) : Alt. Number :
 Email Address :

Please fill out this section of the scholarship recipient is under the age of 18.

Parent/Guardian Name(s) :
 School/District : Grade : Birth Date :

Financial Information

Number of children in home : Household Size (including children) :
 Approximate Household Annual Income (before taxes) :
 Source of Income :
 Any Additional Information You Feel Is Relevant :

| | Class/Camp Title | Date(s) | Cost | What You Can Pay* | Spiva Use |
|---|------------------|---------|------|-------------------|-----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

*Please indicate the amount you are able to contribute toward the cost of each class or camp, regardless of the amount.

**Scholarship applications must be submitted a minimum of 4 days before the start of the class or camp.

Spiva Center for the Arts is a nonprofit organization dedicated to fostering creativity and enriching lives through the visual arts. Spiva offers a limited number of need-based scholarships to help make art education accessible to students of all ages. Scholarships are awarded based on available funds and financial need. Our scholarship program is made possible through generous community support and is intended to ensure that cost is never a barrier to creation & participation.

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Please briefly explain your reason for applying for a scholarship and how participating in this class or camp will benefit you (or your child). You may include details such as your (or your child's) interest in art, what draws you to this opportunity, and how it will support personal growth. If you are comfortable, we also invite you to share any financial or personal circumstances that make this scholarship especially meaningful or necessary.

(Attach an additional page if more space is needed.)

Agreement & Signature

I certify that the information provided is accurate to the best of my knowledge. I understand that submitting this form does not guarantee a scholarship award. If a scholarship is awarded and I accept, I agree to notify Spiva as soon as possible if the student is unable to attend.

Any remaining balance not covered by the scholarship must be paid within 5 days of receiving notification or at least one week before the class or camp begins—whichever comes first.

Signature :

(Parent/Guardian signature if scholarship is for someone under 18)

For Staff Use Only

| Total Requested: | Self-Contribution: | Other Scholarships/Discounts: | Scholarship Funds Awarded (Annual Total): |
|--------------------------------------|--------------------|---------------------------------|---|
| Received Application: | Date: | Scholarship Fund Balance: | |
| Family/Individual Annual Used: | | Director Approval: | Date: |
| Notified Student or Parent/Guardian: | Date: | Seat Reserved: | Date: |
| Balance Paid: | Date: | Posted by Bookkeeping: | Date: |
| Posted to Spreadsheets: | Date: | Family/Individual Annual Total: | |