



## Children's Scholarship Application/Registration Form

Name of Student \_\_\_\_\_ Age (s) \_\_\_\_\_  
Parent (guardian) \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State: \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone (h) \_\_\_\_\_ (c) \_\_\_\_\_  
(email) \_\_\_\_\_

Emergency contact #1 name \_\_\_\_\_  
Number \_\_\_\_\_ Relation to child: \_\_\_\_\_

Emergency contact #2 name \_\_\_\_\_  
Number \_\_\_\_\_ Relation to child: \_\_\_\_\_

Special Needs (ADD, ADHD, Allergies, Meds) \_\_\_\_\_  
Special circumstances of need \_\_\_\_\_  
\_\_\_\_\_

Class name/Camp dates the student would like to attend? (Students may not get their first choice)  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Have you previously received a scholarship from Studio 550 Art Center this year? \_\_\_\_\_  
Total family income \_\_\_\_\_ Other income (child support, etc.) \_\_\_\_\_  
Attach a copy of your most recent tax return or copies showing proof of all family income for the past four weeks.

# of children under 18 \_\_\_\_\_ Adults in household \_\_\_\_\_ # employed outside of household \_\_\_\_\_

- One family may not be awarded more than three scholarships per year.
- If the student misses more than two classes (except for illness,) you may not receive a scholarship for the following session.
- Scholarships are granted for each session. You must reapply for subsequent sessions.
- Scholarships are based on need using a family income guide from Manchester's Office of Youth Services.
- The balance of tuition **must** be received on the first day of class unless given permission by the director.

**I agree that the above information is correct. I will be responsible for assuming that the student receiving the scholarship attends class, I will call Studio 550 Art Center in the event that he/she will be absent. If I cannot accept the approved scholarship for any reason, I will contact Studio 550 Art Center so that the funds can be given to another deserving student.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or drop off completed application and supporting documents to "Studio 550 Art Center 550 Elm Street Manchester, NH 03101" or email to [info@550arts.com](mailto:info@550arts.com)

Office Use only:

Approved \_\_\_\_\_ Amount of Scholarship \_\_\_\_\_ Confirmation letter sent \_\_\_\_\_ Date \_\_\_\_\_  
Balance to be paid by applicant before first class \_\_\_\_\_ Balance received \_\_\_\_\_ Date \_\_\_\_\_