

Lakeland Cultural Arts Center
Scholarship Application
(January 2019)

Dear Applicant,

This is an application for full and partial scholarships for LCAC programs. Qualifying applicants must reside in the 3 county area of Lake Gaston: Halifax, Warren and Northampton. All programs have specific start and stop dates and times. Signing your child in and out of LCAC during the program is a mandatory requirement. Change in this requirement must be approved in advance indicating other arrangements to be followed.

By accepting a scholarship, you agree by signing a "program contract of participation" with LCAC to participate daily or otherwise required for the program.

LCAC program this application is for: _____

Personal Information: (please print)

Applicants: (list all siblings requesting a scholarship)

Name: (first, last) _____ Preferred / Nickname: _____

Birthday: _____ School: _____ School year: _____

Name: (first, last) _____ Preferred / Nickname: _____

Birthday: _____ School: _____ School year: _____

Name: (first, last) _____ Preferred / Nickname: _____

Birthday: _____ School: _____ School year: _____

Name: (first, last) _____ Preferred / Nickname: _____

Birthday: _____ School: _____ School year: _____

Parent / Caregiver Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Parent / Caregiver Phone (Primary): (____) _____ Phone (Other): (____) _____

Parent / Caregiver Email: _____

2nd Parent / Caregiver Emergency Contact: _____ Phone: (____) _____

I hear by request via this application a FULL or PARTIAL scholarship (circle one) for \$_____ (please indicate the amount).

Have you previously been approved for a LCAC scholarship: YES or NO (circle one) If so, when: _____

Years you have been attending programs at LCAC: _____ Which programs: _____

Number of children in your family: _____

Family ethnicity: (Optional, required for grant information)

African-American Asian Caucasian Hispanic/Latino Native American Other: _____

Medical Information or Special Needs: _____

Financial Information:

Parent/Guardian 1:

Total Monthly Income: _____

Parent/Guardian 2:

Total Monthly Income: _____

Number of adults in the household: _____ Number of children in the household: _____

Are there any other financial circumstances you would like considered. If so, please explain:

Reference:

Name: _____ Phone Number: (____) _____ Relationship: _____
(First, middle initial, last)

(Letters of reference are accepted but not required.)

Additional information: (provide on separate sheet if needed)

What are the applicant's personal goals? _____

List applicant's academic honors, awards & membership activities while in school: _____

List applicant's community service, activities, hobbies, outside interest and extracurricular activities: _____

Personal Essay: Each applicant must attach a brief essay (not to exceed 200 words) on why they have interest in the arts and Lakeland Cultural Arts Center.

Application Check List: (initial each)

- Personal Information
- Financial Information
- Reference
- Additional Information
- Personal Essay

****ALL FINANCIAL INFORMATION WILL NOT BE SHARED OUTSIDE THIS APPLICATION****

Note: The balance of your program registration, if any, must be paid by the designated deadline of the program. I agree that I have read the scholarship conditions and to the best of my knowledge, the above information is correct. Further, I agree to release and discharge LCAC and it's officers, directors, employees and agents of and from any claims, demands, or liability of damage arising from the participation of my child in any program sponsored by LCAC. In addition, I understand pictures of programs may be taken and used for publicity or promotional purpose. I consent to any medical treatment for my child in an emergency and acknowledge that any expenses incurred are my sole responsibility and will not be paid by LCAC.

I have read and agree to the statement above.

Name: (print): _____

Signature: _____

Date: _____