

Class Scholarship Application Form



Return Completed Form Signed by a Parent or Guardian to SAAC at 110 East 5th Street, El Dorado, AR 71730

870-862-5474
www.saac-arts.org

Name of adult making the request:

Which classes are you applying for aid?

How much aid are you applying for?

Are you a member of SAAC? Yes No

Have you ever received financial aid from SAAC before? Yes No

Briefly describe the reason for the scholarship application.

Note:
Two or more absences from class will result in forfeiture of scholarship(s) and any associated fees.

A recommendation from the class instructor, school counselor, teacher or other reliable source is required for the scholarship request.

Person to be contacted for the recommendations:

Relationship:

Phone:

Email:

Address:

STUDENT INFO

NAME

HOME PHONE

AGE

ADDRESS

GRADE ENTERING

CITY, ST, ZIP

BIRTHDAY

Any allergies or special needs?
If so, please let us know.

PARENT INFO

NAME

CELL PHONE

EMAIL

DAYTIME PHONE

SIGNATURE

DATE