



South Arkansas Arts Center SCHOLARSHIP APPLICATION

Student's Name: _____

Student's Grade: _____ Student's School: _____

Gender: _____ Race: _____

What SAAC class is the student taking: _____

Are you a member of SAAC? Yes No

Guardian's Name: _____

Guardian's Email: _____ Guardian's Phone Number _____

Are you a single parent? Yes No

Are you a grandparent raising grandchildren? Yes No

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

Briefly describe the reason for the scholarship application.

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 recommendation: _____

Relationship: _____

Phone: _____ Email: _____

Two or more unexcused absences from class will result in forfeiture of scholarship and any associated fees.

By signing this form, I give the above named school permission to share my child's absence record, number of discipline referrals, and grades. This information will only be shared from SAAC in coded form with the SHARE Foundation for scholarship tracking purposes. I understand that my child's name WILL NOT be used in this tracking.

I also give permission for SAAC to use my child's image in advertising and on social media.

Signature

Date

If your application is approved, you will be sent a code to register your student online.

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