

School@VisArts Fall 2020 Scholarship Application

Student Information:

Student's Name: _____

Date of Birth: _____

Grade: _____ Sex: Male _____ Female _____

Address: _____

Parent/Guardian #1 Information:

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Occupation: _____

Employer: _____

Work Phone Number: _____

Parent/Guardian #2 Information (if applicable):

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Occupation: _____

Employer: _____

Work Phone Number: _____

Please list all other dependents:

Name, Age

_____, _____
_____, _____
_____, _____
_____, _____
_____, _____

Total Number of Dependents: _____

Adjusted Gross Income for Parent/Guardian #1: _____

Adjusted Gross Income for Parent/Guardian #2: _____

Total Combined Adjusted Gross Income: _____

Your adjusted gross income can be found on the following IRS forms:

1040 line 37
1040 line 47 & 52
1040 EZ line 11
Telefile K (2)

Please indicate the session you are interested in:

_____ Week 1: August 31st - September 4th

_____ Week 2: September 8th - 11th

_____ Week 3: September 14th - 18th

_____ Week 4: September 21st - 25th

_____ Week 5: September 28th - October 2nd

_____ Week 6: October 5th - 9th

_____ Week 7: October 12th - 16th

_____Week 8: October 19th - 23rd

_____Week 9: October 26th - 30th

_____Week 10: November 2nd - 6th

_____Week 11: November 9th - 13th

_____Week 12: November 16th - 20th

_____Week 13: November 23rd - 25th

_____Week 14: November 30th - December 4th

_____Week 15: December 7th - 11th

_____Week 16: December 14th - 18th

_____Week 17: December 21st - 23rd

I declare that the above information is true and correct to the best of my knowledge.

Parent/Guardian #1: _____

Signature Date

Parent/Guardian #2 (if applicable): _____