## The Contemporary Austin

## **Scholarship Application**

Please return this application via fax or mail. Scholarships do not include supplies, with the exception of children's classes. A parent or guardian should complete this form for children. We award up to two scholarships per calendar year per individual and a maximum of two scholarships per semester per household.

## **PERSONAL DATA**

CityStateZip CodeEmail_ Phone: HomeMobile	Student Name			Date of Birth	Age
Part-Time (Y/N)Full-Time (Y/N)Married (Y/N)Number of Dependents  Spouse Employment	Parent/Guardian Name			Semester	
Phone: Home	Mailing Address				
Scholarships are based on financial need. Privacy will be respected.  Employment	City	State	Zip Code	Email	
Scholarships are based on financial need. Privacy will be respected.  Employment	Phone: Home	Mobile			
Employment	FINANCIAL SITUAT	ION			
Part-Time (Y/N)Full-Time (Y/N)Married (Y/N)Number of Dependents  Spouse Employment	Scholarships are based of	on financial need.	Privacy will be respected	i.	
Spouse Employment	Employment			Title	
Net Monthly Income (including spouse, if applicable)  How much can you contribute toward the cost of the class?  Class Choices: 1st	Part-Time (Y/N)	_Full-Time (Y/N)_	Married (Y/N)	Number of Dependen	ts
How much can you contribute toward the cost of the class?  Class Choices: 1st	Spouse Employment			Title	
Class Choices: 1st	Net Monthly Income (in	ncluding spouse, if	f applicable)		
*Please visit thecontemporaryaustin.org/artschool to view our class selection.  Have you previously received a scholarship from us? If so, what class (please include semester/year)  Where did you learn about our scholarship program?  This section for OFFICE USE ONLY:  Received:	How much can you con	itribute toward the	e cost of the class?		
Have you previously received a scholarship from us? If so, what class (please include semester/year)  Where did you learn about our scholarship program?  This section for OFFICE USE ONLY:  Received:	Class Choices: 1st	2nd		3rd	
Where did you learn about our scholarship program?	*Please visit thecontemp	poraryaustin.org/a	rtschool to view our cla	ss selection.	
This section for OFFICE USE ONLY: Received:	Have you previously red	ceived a scholarshi	ip from us? If so, what c	lass (please include semeste	r/year)
This section for OFFICE USE ONLY: Received:					
	Where did you learn ab	out our scholarshi	p program?	_	
Amount Awarded: Fund: Balance Due:	This section for OFFICE	USE ONLY:		Received:	
Notified: Class:				Balance D	)ue:
Notes:	Notes:				

Please state your financial situation clearly. Why do you need this scholarship?
(If you would like to attach additional information, such as teacher recommendations, you may do so.)
I understand that I will provide my own transportation to each class and I will make every effort to attend all class sessions, self or child. The information I have provided is complete and accurate.
Signature of Applicant or Parent/GuardianDate

Scholarship recipients will be notified by telephone and email.