

**PERFORMING  
ARTS CENTER  
OF METROWEST**

MUSIC THEATER DANCE FOR ALL



**NOTE: Your application cannot be considered unless this form is complete. This information will be kept confidential.**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

For which program is this scholarship requested? \_\_\_\_\_

Scholarship amount requested: \$ \_\_\_\_\_

Reason for scholarship: \_\_\_\_\_

Parent or Guardian 1 Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Other phone: \_\_\_\_\_ Work/Cell \_\_\_\_\_

Parent or Guardian 2 Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Other phone: \_\_\_\_\_ Work/Cell \_\_\_\_\_

Parents/Guardians are: Together: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Single: \_\_\_

Annual Income (all sources): \$ \_\_\_\_\_

Number Supported by this Income: Adults: \_\_\_ Children: \_\_\_

Does your child receive free meals at school? \_\_\_ Are you eligible for food stamps? \_\_\_

**OFFICE USE ONLY:**

Committee Action Y/N Date: \_\_\_\_\_ For Semester: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Student Balance Due: \$ \_\_\_\_\_ Parent/Guardian Notified: \_\_\_\_\_