

**PERFORMING  
ARTS CENTER  
OF METROWEST**  
MUSIC THEATER DANCE FOR ALL



3 Maple Street, Framingham, MA 01701

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

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

For which program is 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 bal. due: \$ \_\_\_\_\_

Parent/Guardian Notified: \_\_\_\_\_