

Saratoga Arts Bank Scholarship Application

STUDENT INFORMATION

• New Student • Previously Registered

Name: _____ Age: _____

Home Phone: _____ Email: _____

Address: _____

State : _____ Zip: _____ School: _____

Parent/Guardian: _____

FINANCIAL ELIGIBILITY - CONFIDENTIAL

Is your child eligible for free/reduced lunch? • YES • NO

Are you or your child eligible for Social Services (please circle all applicable)?

Food Stamps Medicaid Monthly Income Supplement Other (please specify) _____

Approximate annual household income 2021 \$ _____ # people in your household _____

Extenuating circumstances (recent job loss, COVID related expenses, etc. Please be specific)

Our family is able to pay \$ _____

CLASS INFORMATION

Session for which you would use the scholarship: _____

Parent/Guardian Signature: _____

For Office Use Only

Date Received: _____ Date Processed: _____ Date Notified: _____

Scholarship Amount: \$ _____ Session Approved: _____ Session Full Fee: \$ _____

Applicant • Accepts • Declines

Authorized Signature _____