The Arts Castle - Delaware County Cultural Arts Center

SCHOLARSHIP APPLICATION

(Please print)	SCHULAI	KSHIP APPLICATIO	'IN
Name			
Address			
City		State	Zip
Phone (Day)		(Evening)	
Email			
Age	Grade	Number in Family	
School			
Please refer to the c	urrent brochure in mak	ing your class selections:	
Class 1st Choice			Price
Class 2nd Choice			Price
Please state below v	our reasons for wanting	g to participate in this class	:
r rease state seron y	our rousens for wanting	5 to par trospute in time class	•

 $Scholarship\ applications\ can\ be\ submitted\ up\ to\ 2\ weeks\ prior\ to\ the\ class\ registration\ deadline.$

Signature of Parent or Guardian______ Date_____



Please note: Only one scholarship per family during a 12-month period.



Scholarship funds are made possible through the generous gifts of The Community Foundation of Delaware County, The Ohio Arts Council, donations by individuals and companies and our fundraising efforts.



Questions? Please call us at 740-369-2787

PLEASE RETURN TO: The Arts Castle

190 W. Winter Street Delaware, OH 43015