

# Community Arts Norristown – SCHOLARSHIP APPLICATION FORM



Please fill out this form completely and return it and the required items to:

Executive Director  
Community Arts Norristown  
506 Haws Avenue  
Norristown, PA 19401

If you have questions, please email [hello@communityartsnorristown.org](mailto:hello@communityartsnorristown.org)  
or call 610-272-1545.

## Scholarship Guidelines

- Applicants are evaluated without regard to race, religion, national origin, sex, or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Scholarships are awarded in various amounts; all students must pay a minimum of \$25 to cover basic class expenses.
- Incomplete applications will not be considered for scholarships.

## Required Information

- Completed scholarship application form
- Supporting documents showing financial need

*Community Arts Norristown will do its best to provide scholarships to students for the classes requested. Please read all information on this form and fill it out accurately. Incomplete or inaccurate applications will not be considered.*

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## CONTACT INFORMATION

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
*Last First M.I. Month/Date/Year*

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street & Number City State ZIP*

Guardian Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_ Relationship to student \_\_\_\_\_

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## SCHOLARSHIP INFORMATION

Class/workshop/camp for which aid is requested (in order of preference):

- |    |       |            |
|----|-------|------------|
| 1. | _____ | Date _____ |
| 2. | _____ | Date _____ |
| 3. | _____ | Date _____ |

Has this student previously received a scholarship from CAN? Yes / No If yes, which class? \_\_\_\_\_

Why is this scholarship important to the student? (Student may write this; use additional paper if necessary)

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**COMMUNITY ARTS NORRISTOWN – SCHOLARSHIP APPLICATION FORM (CONTINUED)**

**FINANCIAL INFORMATION**

Annual household income \$ \_\_\_\_\_ Number of household members \_\_\_\_\_

Please list any other sources of income (such as child support or SNAP) and how much is received annually:

\_\_\_\_\_

Is the student in a free or reduced lunch program at school? Free \_\_\_\_\_ Reduced \_\_\_\_\_ None \_\_\_\_\_

Please briefly the applicant's financial situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be eligible for a scholarship, you must provide at least one of the following to Community Arts Norristown:

Federal Tax Return \_\_\_\_\_ -or- Household pay stub(s) \_\_\_\_\_ -or- Proof of income (other) \_\_\_\_\_

-or- Proof that your child receives SNAP, Medicaid, NTSD free meals, or other government support \_\_\_\_\_

If you checked "Proof of", please specify \_\_\_\_\_

Would you be willing to volunteer time in exchange for a discount on tuition? Possible activities include translating, watching the desk, helping during special events or whatever you think your talents could help with. Yes/No

**TERMS AND CONDITIONS**

*Community Arts Norristown awards scholarships based on financial need in the order in which they were received, until funds are exhausted. All students must pay a minimum of \$25 to cover basic class expenses. Although exhaustive financial records are not required for scholarship consideration, a failure to provide accurate or current information will be cause for revocation of all scholarship privileges. Scholarships are awarded to a specific student for a specific semester and cannot be transferred or deferred. Once the scholarship is awarded, the student must contact CAN to complete registration for the class. CAN reserves any right to cancel any class; the scholarship student will be notified and given the option to transfer to a different class. All students must follow the terms set by the Student Agreement.*

*I have read and understood the terms of the scholarship application and agree to these conditions. The information I have provided is accurate and complete to the best of my knowledge.*

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

- I would be willing to provide a statement about how this scholarship impacted my/the student's life.  
(This is very helpful in securing grant funding to provide future scholarships.)

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Scholarship Amount \_\_\_\_\_

Comments \_\_\_\_\_