

Financial Aid Application

Please fill out the application below and attach a copy of proof of income (a pay stub, recent tax form, or reduced lunch form)
Please submit your application as early as possible prior to the start of the class.

Evergreen Art Studio EMEF
379 Liberty St. 201A/C
Rockland, MA

Parent/Guardian Name: _____

Student Name: _____

Birthdate of Student: _____ Male or Female: _____

School (if applicable): _____ Grade: _____

Address: _____

City: _____ Zip: _____

Phone (home): _____ Work: _____

E-Mail: _____

Number of people in household: _____ Annual Income: _____

I have submitted information regarding proof of income: Yes _____ No _____

This is a financial aid request for

student pays 50% of the cost of the class on or before the 1st class day

student pays 50% of the cost of the class on or before the last class day

Financial aid asking
statement

my choice at the Evergreen Art Studio.
sessions and to participate fully in the class.

I will be able to participate in the class (or classes) of
I am making a commitment to arrive on time for all of the

Student Signature

Date

As the parent or guardian, I will provide transportation or make arrangements for this student to attend class.

Parent or Guardian Signature

Date