

# Scholarship Application

To apply for a scholarship, please fill out the application below (including teacher's brief recommendation)  
The hardcopy of Recent semester's grade report must be submitted.  
The award of scholarship will be informed by e-mail a day before the registration.

Evergreen Art Studio  
379 Liberty St. 201A/C  
Rockland, MA02370

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birthdate of Student: \_\_\_\_\_ Male or Female: \_\_\_\_\_

School (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This is a scholarship request for a:

50% Scholarship (student pays 50% of the cost of the class)

Teacher's recommendation (Home room/art teacher)

Brief recommendation on below four lines

name of school: \_\_\_\_\_

name of teacher: \_\_\_\_\_

signature: \_\_\_\_\_

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I understand that if I receive a partial 50% scholarship, I will be able to participate in the class (or classes) of my choice at the Evergreen Art Studio emef . I am making a commitment to arrive on time for all of the sessions and to participate fully in the class.

\_\_\_\_\_  
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