Art & Education at the Hoyt

Scholarship Application/Tuition Assistance

APPLICANT INFORMATION

Student's Name		_Age	_ DOB	<i></i>
Parent/Guardian (if applicable)				
Address				
City	State		Zip	
Phone: (H)/ (W)		(C)		
E-mail				
Have you taken classes at Art & Education at tl	ne Hoyt before?	yes		_ no
The program you are applying for:	Classes	Summeı	Art Camp	
FINANCIAL INFORMATION				
The source of family income is: Em	ployment			
Annual household income: \$				
You must attach proof of income. Acceptable jare needed to demonstrate gross and adjusted), 1040EZ, 104	ONR. Only	the cover page
Household size:				
Household size should reflect the number of inc	dividuals indicated c	on your federa	l tax return	
STATISTICAL INFORMATION				
Are you a Lawrence County resident?yes	sno			
Race/Ethnicity (optional):				
How did you hear about the program:				
Have you received tuition assistance and/or so				
Office use: Date received by	Date submit	tted for authori	zation	