

Gainesville Association for the Creative Arts

Scholarship Application

(One per family)

Parent or Guardian's Name _____

Address _____ City _____ Zip _____

Day Phone _____ Home Phone _____

Please List All Persons in Your Household:

Name	Relationship	Date of Birth	School
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If you (or anyone else listed above) receive AFDC, SSI, Unemployment, Food Stamps, Social Security Disability, Worker's Compensation, Retirement Income, Veteran's Benefits, Child Support, Alimony, or Income from another source, please list below:

Source:	Amount Received Per Month
_____	\$ _____
_____	_____
_____	_____
_____	_____

Are you or another household member employed?

Where? _____ \$ _____ (per month)

Total Income Per Month: \$ _____

My child is on () Free () Reduced Lunch at _____ (school)

If you have a lot of large bills, any of the children listed have special medical problems, or there are special circumstances you would like to share, please tell us. You may use the back of this form.

We need references who can verify this financial information. Please give us names, addresses, and phone numbers. Thank you.

Name	Address	Phone
_____	_____	_____
_____	_____	_____

GACA scholarships are awarded to children by families. We do our best to match up the workshops wanted with availability. Please mail this form and the GACA registration form to us as soon as possible. Please call Norma at 378-9166 if you have any questions or want to check on the status of your application, or workshop availability.

By signing this application, I hereby certify that the above answers are true and correct to the best of my knowledge. I give my permission for the school official to confirm my free or reduced lunch status.

Signature _____ Date _____

Please print this form, sign, and mail to: GACA, P. O. Box 12246, Gainesville, FL 32604

Scholarships are offered by family, so all children can participate. Please return this form with the registration form and indicate several choices for each child.