

PACE—Performing Arts in Children's Education
SCHOLARSHIP APPLICATION

PLEASE PRINT

Name: _____

Home Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip code: _____

Parent(s)/Guardian(s): _____

Home Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip code: _____

Parent Work/Cell Phone(s): _____

E-mail address: _____

Grade: __ School currently attending: _____

Address: _____

City: _____ State: _____ Zip code: _____

School Phone: (_____) _____

Are you currently on the Free/Reduced Lunch program? _____

Describe why you are applying for a scholarship:

PLEASE DO NOT WRITE BELOW - FOR OFFICE USE

Application/Date: _____

Letter of Recommendation/Date: _____

Approved/Disapproved: _____

Comments: