



Hopper House Art Center

Scholarship Application Form 2007/2008

Name _____ age _____ male [] female []

Name of Parent/Guardian _____

Address _____

Home Phone _____ Business Phone _____

Occupation of Father _____ Occupation of Mother _____

Number of children in family _____ child's school _____

Scholarships are based on financial need. Briefly describe your circumstances and need:

If you were referred by an agency, please name the agency _____

If you were referred by an individual, please name _____

Tel. # _____

List 2 people who know you personally (not related to you);

Name _____ Phone: _____

Name _____ Phone _____

Please provide the name of your child's current teacher & school:

School _____ Grade _____

Teachers Name _____ School phone # _____

Signature of parent/guardian

Date