



Scholarship Request From

Date: _____.

Name: _____ Age _____.

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Requested Class/Workshop: _____

Date(s) of Class/Workshop: _____

Have you received scholarship assistance before?

Circle one: YES NO

If so, what amount?

Circle one: 10% 20% 50% FULL

In the past, have you contributed a donation of time or talent to ACT?

Circle One: YES NO

If yes, in what way?

Would you be willing to assist ACT in the future?

Circle One: YES NO

In what way?

Are you currently on public assistance or receiving free lunch at school?

Circle one: YES NO

Are you able to cover any amount of the tuition?

Circle one: YES NO

If so, what amount?

Circle one: 10% 20% 50%

OR Enter a dollar amount \$ _____

OFFICE USE ONLY

ACTION TAKEN: