

Hubbard Hall Center for the Arts & Education
SCHOLARSHIP APPLICATION FORM

To be filled out by the applicant/participant:

Name: _____

Date of Birth: _____

Mailing Address: _____

Parent/Guardian Name: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Date Submitting: _____

Desired Class or Program: _____

Program Start Date: _____

Term: Summer Fall Spring Year: _____

Course cost: \$ _____ Amount requested: \$ _____

Your experience in this discipline (be specific – list school, class and dates):

Applicant's other interests and activities (after school and work):

Why are you requesting scholarship funds?

What kind of volunteer work would you like to do for Hubbard Hall in exchange?

To be filled out by the parent or guardian, or applicant:

Have you or your child received previous scholarship aid from Hubbard Hall Projects? Yes No

List each class and amount received, starting with the most recent:

Briefly explain your financial status:

What accommodation would you make if scholarship aid is not available?

Please use the **back of this sheet** for any other information you feel would be helpful to us in making a decision.

Signature of Applicant: _____ Parent or Guardian: _____

Office Use Only

Course Requested:

Deadline for Submission:

Date Received:

Status: