



**Vashon Allied Arts Classes  
Confidential Scholarship Application**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Monthly household income: \_\_\_\_\_

Total people in household: \_\_\_\_\_

Source of income: \_\_\_\_\_  
(ie. job, child support, public assistance, savings, etc.)

Number of children in family: \_\_\_\_\_ Ages: \_\_\_\_\_

Please explain circumstances that effect your family financial situation at this time: (use back of form if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list classes and tuition for which assistance is requested:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Total tuition amount: \_\_\_\_\_

Amount of assistance requested from VAA:  75%     50%     25%     other \_\_\_\_\_

Please check here if you do not want VAA to leave a voicemail regarding details of your scholarship award.

**I understand scholarship awards are limited and I will therefore commit to attend or make-up each class.**

\_\_\_\_\_  
Parent signature of student under 18

\_\_\_\_\_  
Date