



311 East Grand River – Detroit, MI 48226 – 313-965-8430 – [www.artsleague.com](http://www.artsleague.com)

**VIRGIL H. CARR CULTURAL ARTS CENTER – CAMP/CLASS/WORKSHOP  
SCHOLARSHIP APPLICATION FORM – STUDENTS TO AGE 17 ONLY - PRINT INFORMATION**

**Scholarships are awarded on the basis of need only.** You must return this application to the Arts League of Michigan a minimum of 10 business days before the first day of the camp for which your child will register. Scholarship recipients must complete all classes to receive all of the financial assistance.

Student: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian E-Mail: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How many students in your family, will be taking classes at the VHCAC in 2010?: \_\_\_\_\_

What is the total tuition for the Class(es) or Camp(s)?: \_\_\_\_\_ Are you an Arts League member?: Y \_\_\_\_\_

What is your total household income?: \_\_\_\_\_ What is the total number of persons in your household?: \_\_\_\_\_

You must provide a copy of a recent pay stub from all members of your household who are employed. Y \_\_\_\_\_

(Must include all income sources such as salary/wages, child support, alimony, social security, etc..)

Number of people household income supports? \_\_\_\_\_ Household members enrolled in a college or university? \_\_\_\_\_

List circumstances that impact your financial situation: \_\_\_\_\_

Circle the services/volunteer work you could contribute to the VHCAC in exchange for the scholarship? (office work, general volunteering, organizing the studio spaces/supply areas: Other: \_\_\_\_\_

What do you or the student(s) hope to gain from classes at the Virgil H. Carr Cultural Arts Center? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List one adult who is not a relative who knows the student well.

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby avow that all information on this form is true and accurate. The information I have included will only be used by the Virgil H. Carr Cultural Arts Center to determine financial need and if a scholarship will be awarded to the student named in the application. Upon signing this document, I hereby agree to donate at least 10 hours of volunteer time for each complete session of classes, for Arts League of Michigan activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**You can fax this form and your verification of income to 313-965-8429 or mail the information to:  
Virgil H. Carr Center, 311 East Grand River, 48226 - Attention Camp Coordinator.**

FOR ALM OFFICE USE ONLY:

DATE APPLICATION RECEIVED: \_\_\_\_\_

PROGRAMS  CLASSES  COMMUNITY SERVICE

SCHOLARSHIP APPROVED YES \_\_\_\_\_ NO \_\_\_\_\_

LETTER AND CERTIFICATE SENT YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_