



SCHOLARSHIP REGISTRATION

Student Name: _____

If Applicable, Grade of Student: _____ School: _____

Address: _____

Phone #1: _____ Phone #2: _____

Email: _____

Emergency Contact Information for Students Under 18 years old:

Name: _____

Relationship to Student: _____

Phone #1: _____ Phone #2: _____

____ YES, I give my permission for my/my student's photograph to be used in Monroe Arts Center promotional materials.

I am requesting Scholarship assistance for the following class(es)

I am requesting;

_____ a full scholarship

_____ a partial scholarship (amount requested \$ _____)