

180 Pearl Street Manchester, NH 03104 (603) 669-6144 ext. 122

Scholarship Application/Registration Form

Name of Student (s)		Age (s)
Parent (guardian)		
Address	Town	State:Zip
Telephone (h)	_ (c)(email))
Emergency contact name/number_		
Special circumstances of need		
Class name or Camp the student (s	s) would like to attend? 1 st	
2 nd	3rd	
> Students may not get their first cho	ice if the class has reached maximum enro	ollment.
Have you previously received a sch	olarship from the Currier Art C	Center this year?
	•	income (child support, etc.)
		all family income for the past four weeks.
Number of children under 18	Adults in householdNumber of	employed outside of household
If the student misses more than two semester.	-	t the opportunity to receive a scholarship for the following
	emester. You must reapply for another sengent a family income guide from Mancheste	
	eceived on the first day of class unless the	
-	nt that he/she must be absent. If I canno	nat the student receiving the scholarship attends class, I ot accept the approved scholarship for any reason, I wil
Signature		Date
Approved Amount of Scholarship	Balance to be paid by applicate	ant before the first class session
Confirmation letter sent Da	iteBalance received	Date