



**YOUTH SCHOLARSHIP APPLICATION**

Friends of the Leland Cultural Arts Center

[www.friendslcac.org](http://www.friendslcac.org)

\_\_\_\_\_  
Course Code                      Course Title    (1<sup>st</sup> Choice)                      Start Date                      Child's Name                      Fee

\_\_\_\_\_  
Course Code                      Course Title    (1<sup>st</sup> Choice)                      Start Date                      Child's Name                      Fee

**Please return completed application for processing at least two weeks before class start date.**

Youth Scholarships are made possible by the generous donations to the FLCAC and are greatly appreciated. To apply for a scholarship, please refer to current youth course offerings. This information is available in the current CAPE Brochure, by visiting the LCAC located at 1212 Magnolia Village Way, Leland, NC 28451, or at the Leland Cultural Arts Center's website: <http://www.townofleland.com/lcac>

\_\_\_\_\_  
First Name (Parent/Guardian)                      Last Name                      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Street Address                      Town                      State                      Zip

\_\_\_\_\_  
Home Phone                      Work Phone

\_\_\_\_\_  
Cell Phone                      Email Address

\_\_\_\_\_  
First Name (Emergency Contact)    Last Name                      Relation                      Phone                      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
First Name (Family Member/Child)    Last Name                      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
First Name (Family Member/Child)    Last Name                      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
First Name (Family Member/Child)    Last Name

**HOUSEHOLD INCOME**

( ) Less than \$10,000                      ( ) \$10,000 - \$20,000                      ( ) \$20,000 - \$30,000                      ( ) Above \$30,000

**PLEASE STATE REASON FOR WISHING TO PARTICIPATE IN LCAC CLASSES & NEED FOR FINANCIAL AID.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

**Please mail this application to: Friends of the Leland Cultural Arts Center, PO Box 90, Leland, NC 28451 or deliver to LCAC front desk.**  
Please note that if the scholarship is granted but not used within one year, it will be reassigned to another applicant or will require board review to be used by the original applicant. By participating in LCAC programs with FLAC scholarship funding, I agree to all waivers, rules, and stipulations that the Town of Leland and the LCAC have for participants of programs. LCAC Received \_\_\_\_\_