



Art For All Nations

Christian Center for the Arts

P.O. Box 2131, Longview, WA 98632

Foundational Studies Program

Scholarship Application

Wednesday School

Name: _____

Address: _____

Email: _____ Phone: _____ Date of Birth: _____

Scholarship Guidelines

Art For All Nations is a non-profit, faith-based and Jesus-focused school of the fine and performing arts. There are many needs that can be filled by volunteering to help our school. We would like all families who are accepted in the scholarship program to volunteer in some capacity. Joining our fundraising committee is a great way to help as we rely on fundraisers to finance our scholarship program and for buying much-needed equipment and supplies.

Please attach a copy of your most recent tax return with the finished application.

Which term are you applying for? (Circle Applicable)

FALL SESSION

SPRING SESSION

Enrolling for? (Circle Applicable)

FULL-TIME (3-5 Class Hours)

PART-TIME (2 Class Hours)

SINGLE CLASS

Please check the level of your anticipated combined household income:

Over \$80,000 _____

\$30,000 - \$80,000 _____

Under \$30,000 _____

Marital Status _____

Adults in household _____

Children in household _____

Who are we applying for? _____

Are you new to AFAN? _____

(Please Note: Scholarships for returning students will partially be determined by student's performance in previous sessions, Progress Reports from teachers, and outstanding payments due)

Have you ever received a scholarship from AFAN in the past? _____

Please list sessions and amounts awarded: _____

If you are new, why do you/your student want to attend AFAN?

If you are returning, what do you/your student feel has been gained so far with AFAN?

Is there anything else we should consider?

How do you plan to volunteer? Circle All Applicable

Fundraising Committee School Set-Up School Clean-Up
Lunch Monitor Go Fourth As Needed

Statement: By signing, I confirm the accuracy of the information provided and understand that any false or misleading statements may invalidate my application. Also, please note that if a 20% sibling scholarship is all that you are requesting, an application need not be turned in.

Signature: _____ Date: _____

You will need to provide at least two references (not related to you):

NAME	PHONE	E-MAIL

FOR OFFICE USE ONLY

Date Application Received: _____ *Amount Approved:* _____

Reason for Denial (if applicable): _____

Administrator Signature: _____

Board Member Signature: _____

**Detail special circumstance information on back of page*