

Northern Berkshire Creative Arts Request for Scholarship Assistance

All information will be kept confidential. If applicant is a dependent, financial information must apply to parent/guardian.

Applicant's Name:

If scholarship is for a child: Child's name: _____ Birth date: _____

Address: _____ City _____ State _____ Zip code

Phone: Day: _____ Evening _____ e-mail: _____

Amount requested: _____ Amount you have available towards tuition: \$ _____

Please describe the reason you are applying for a scholarship:

Class Title: _____ Time: _____ Fee: _____

Check if you can participate as a: _____ Volunteer _____ Intern _____ Work/Study

Day/hours you can contribute: _____

Applicant/Parent Signature: _____ Date: _____

For more information please contact:

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