



# Scholarship Application for Youth Classes

## Goddard Art Studios

Students awarded scholarships are placed into age-appropriate classes. Requests for specific sessions and classes cannot be guaranteed. The Center reserves the right to cancel scholarships at any time for any reason. Scholarships are awarded based on merit and financial need.

For Office Use

Student Name \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Reference Letter \_\_\_\_\_  
 Received \_\_\_\_\_  
 Letter Sent \_\_\_\_\_

Instructions:

- **Complete this application**
- **Please attach a copy of the following:**  
 Previous two months pay stubs for all wages earned in the family
- **An award letter from one of the following, if applies:**  
 SSI/SSDI  
 Supplemental Nutrition Assistance Program (SNAP) (formally Food Stamp Program)  
 Temporary Assistance for Needy Families (TANF)  
 Free/Reduced Lunch
- **Attach or submit a reference letter for the applicant** (Letter valid for one year)  
 (Reference letter from one of the following: Pastor, School Official or Health Care Provider)
- **Send Completed application and reference letter to:**  
 Charles B. Goddard Center  
 Art Studios  
 PO Box 1624, Ardmore, Ok 73402  
 Fax: (580)226-8891  
 Email: goddardcenter@yahoo.com

### Student Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Gender: MF Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School: \_\_\_\_  
 Name of School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please note any health, behavioral, mobility, or learning needs this student has:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about our scholarship program?  
 \_\_\_\_\_

## Family Status

*Please complete the following information:*

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Total annual household income (check one):

\_\_\_\_\_ Under \$10,000 \_\_\_\_\_ \$10,001-\$19,999 \_\_\_\_\_ \$20,000-\$29,999 \_\_\_\_\_ over \$30,000

Please indicate any special circumstances that you feel influence your financial situation:

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## Parent/Guardian Signature

*This application must be signed by the student's parent or guardian and the application will not be processed without it.*

I understand the terms of this scholarship application.

Name: \_\_\_\_\_

Date: \_\_\_\_\_