

# Scholarship Referral Form 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 based on merit and financial need.

### Instructions:

- **Complete this application**  
Be sure to include current phone numbers and emergency contact information.
- **Use one form for each student**
- **Attach or submit a reference letter for the applicant**  
(Letter valid for one year)
- **Send Completed application and reference letter to:**  
Charles B. Goddard Center  
Art Studios  
PO Box 1624, Ardmore, Oklahoma 73402  
Fax: (580) 226-8891  
Email: goddardcenter@yahoo.com

For Office Use

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

This form should be submitted by one of the following:  
\_\_\_ Teacher  
\_\_\_ Counselor  
\_\_\_ Pastor  
\_\_\_ Health Care Provider

## Student Information

I, \_\_\_\_\_, would like to refer the student listed below.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Gender: M F 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?

\_\_\_\_\_

## Referral Information

Complete the information below and submit a letter of referral for the applicant by mail, e-mail, or fax. This letter may be written by a teacher, school official, pastor, counselor or health care provider.

Name of person writing referral: \_\_\_\_\_

Position: \_\_\_\_\_

Name of School/Agency/Church: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

How did you hear about our scholarship program?

\_\_\_\_\_

Scholarship applications are reviewed before each class session. Scholarships are not automatically renewed or transferable from session to session. Submission of this application does not guarantee a scholarship. Applicants will be notified upon acceptance.