



## Studio ACE Scholarship Request

### Step 1: Fill Out Personal Information:

Parent's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Class Requested: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

This is a scholarship request for : \_\_\_\_\_ 50% support \_\_\_\_\_ 75% support \_\_\_\_\_ 100% support

Class Requested: \_\_\_\_\_

### Step 2: Fill Out Statement of Needed Support:

Please provide a paragraph detailing why you should be considered to receive support, and include any special circumstances:

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**Step 3: Sign Statement of Understanding:**

I certify that the above information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on need. In the event that I must cancel the student's participation, I will contact Studio ACE immediately so that scholarship can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. I understand that in receiving financial assistance, Studio ACE is committing to my learning experience. In turn, I will make every attempt to attend classes at Studio ACE. I also acknowledge that if I should need to continue assistance, I understand this application must be renewed three months from the date submitted (the date listed next to signature below).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Should you need further information or assistance, please contact executive director Julia Fister via email at [julia@studioace.org](mailto:julia@studioace.org) or phone at (760) 730-5203.

OFFICE USE ONLY Application Review by \_\_\_\_\_

Applicant Contact Date: \_\_\_\_\_  Approved: \_\_\_\_\_ %  Denied

(reason): \_\_\_\_\_ Program \_\_\_\_\_

Final Review/Authorization: \_\_\_\_\_