



Creative learning experiences for everyone.

Mail: 1724 McAlester Street, Columbia, MO 65201 Phone: (573) 875-0275

Email: accessarts@schoolofservice.org Web: www.schoolofservice.org

Youth Program Application Form

Instructions: Complete one form per student and submit, along with supporting documents and child info sheet to our office.

Program: _____

Student Name _____ Age: _____

Parent Name _____

Address _____

Phone _____ Email _____

Total Annual Household Income: _____

Number of Individuals in family/household: _____ adults _____ children

Supporting Documents

*All supporting documents must accompany the scholarship application form to be considered for a scholarship

- Identification for all adults in the household (drivers license, passport, etc.)
- Proof of Family Income (pay stubs and/or SSA statement)
- Proof of Family Address (utility bill, copy of lease, etc.)

Scholarship Agreement

I agree that my child will attend each class of the selected program and will be present at the start time listed. My child agrees to abide by all classroom rules and any additional safety restrictions mandated due to COVID-19. I am also certifying that all information in this application is true and correct to the best of my knowledge. If my application is approved, I understand that the scholarship is non-transferable and will be only for the student indicated above. I understand that by not following these guidelines my scholarship can be revoked. By signing below, I agree to all of the terms above.

Signature _____ Date _____