



2020 AUBURN AVE  
Baker City OR 97814  
541-523-5369  
www.crossroads-arts.org

## Confidential Scholarship Form

1. Scholarships are given based on instructor and/or staff referral or by demonstrated need by applicant at time of application.
2. Please complete a separate form for each family member applying.
3. Application can be made for any portion of Class registration fee.
4. Instructor is responsible to keep recipients sign-in sheet for scholarship compensation.

### **Scholarship Application (PLEASE PRINT)**

Class Participant's Name: \_\_\_\_\_

Class For Which Registering: \_\_\_\_\_

Have You Previously Received a Crossroads Scholarship? \_\_\_\_\_

If yes, when and how many? \_\_\_\_\_

If yes, did applicant attend 100% of classes? \_\_\_\_\_ If no, why? \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Referred By: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

### **Please Fill Out the Following Information:**

Full Amount of Class Registration Fee ..... \$ \_\_\_\_\_

Less Amount you can contribute is ..... \$ \_\_\_\_\_

Balance (Scholarship request) ..... \$ \_\_\_\_\_

#### **CROSSROADS USE ONLY**

Scholarship Awarded: (circle one) Yes No

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_