



Class Scholarship Guidelines

We are happy you have decided to apply for a Center Scholarship! The Sun Valley Center for the Arts is committed to fostering talent and making classes available to all members of our community.

Scholarships and work study grants are available for all classes. While full scholarships are available, the Center encourages participants to contribute as much as possible toward their tuition. Applications are viewed and accepted on a first-come, first served basis. If an applicant has already received a scholarship this year, he or she will be considered after new applicants. Scholarship recipients are required to send a report at the completion of their class in order to be considered for further scholarships.

To apply for the scholarship, applicants will need to fill out the following form along with a statement of interest.

Describe why you would like to be a student in this specific class and why you should receive a scholarship. Students under the age of 12 may ask a parent to write this statement but our expectations are age appropriate, and we encourage all applicants to write their own statement.

Blaine County teachers, please include in your statement the ways in which taking this class will benefit your students.

Today's Date: _____

Please send applications to:
Sun Valley Center for the Arts
C/O Sarah Kolash
PO Box 656
Sun Valley, ID 83353

Or deliver in person to:
191 Fifth Street East, Ketchum (on the corner of Fifth Street and Washington Avenue)



Class Scholarship Application Form

Applications must be received by the class registration deadline.

Student's Name _____

Date of Birth _____ Age _____

Street Address _____ Phone: _____

City, State, Zip _____

School: _____

Email: _____

What class would you like to attend? _____

How much are you asking the Center to contribute to your tuition?

Have you received a Center scholarship before? _____

For what class? _____

Have you applied for a Center scholarship before? _____

For what class? _____

Why would you like to take this class?

Size of household _____

Annual Family Income: **PLEASE CIRCLE**

- | | | |
|--|---|---|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$100,001- \$200,000 | <input type="checkbox"/> \$500,001 or above |
| <input type="checkbox"/> \$20,001- \$50,000 | <input type="checkbox"/> \$200,001- \$250,000 | |
| <input type="checkbox"/> \$50,000- \$100,000 | <input type="checkbox"/> \$250,001- \$500,000 | |

If under 18, Parent/Guardian's Name (please print) _____

Phone _____ Emergency Phone _____

Address (if different from student's) _____

Email _____