



Jackson School of the Arts 2016-17 Scholarship Application

To be considered the entire application and registration form must be completed. You will be notified within 6 business days after you submit the application.

Have you ever received a scholarship or financial support from Jackson School of the Arts before?

Yes No

If yes, when and for what class/program?

Student's Name (s) _____

Mother's Name _____ Fathers' Name _____

Employer _____ Employer _____

Address (where child primarily resides) _____
City _____ Zip _____

Phone home _____ cell _____

****Please explain why financial assistance is needed and how your child will benefit:**

Please write on the back of this application

Please include a copy of the first page of your most recent Tax Return and other supporting documents.

Total **Household** Gross Monthly income \$ _____

Social Security, cash assistance, child support,
alimony, Food Stamps, etc. \$ _____

Other support \$ _____

Total Gross Monthly income \$ _____

Scholarships are given on a first come first served basis and no scholarships are for the entire amount. Every family is expected to pay a portion of fees. **Turn in this form with your registration form.**

Parent/Guardian Signature _____ Date _____

Please mail **with registration form**, proof of income documents and completed registration forms for your child(ren) to:
Jackson School of the Arts
634 N. Mechanic Street
Jackson, MI 49202