

# FAIRMOUNT CENTER FOR THE ARTS

## Scholarship Application

8400 Fairmount Road, Novelty, OH 44072 Phone: (440) 338.3171 [www.fairmountcenter.org](http://www.fairmountcenter.org)

STUDENT \_\_\_\_\_ Date \_\_\_\_\_

Last First

HOME ADDRESS \_\_\_\_\_

Street City Zip

SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ PREFERRED PRONOUN: \_\_\_\_\_

List Class(es) Desired	
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Semester: Year _____ Fall _____ Spring _____ Summer _____
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PARENT/GUARDIAN NAME \_\_\_\_\_

Last First

HOME ADDRESS \_\_\_\_\_

Street City Zip

HOME E-MAIL \_\_\_\_\_

BEST PHONE \_\_\_\_\_ SECOND PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

Company Name Position

**\*\*\*PLEASE TAKE TO BRIEFLY SHARE WHY FINANCIAL ASSISTANCE IS BEING REQUESTED AND WHAT AMOUNT OF SUPPORT WILL ENABLE THE STUDENT TO ENGAGE IN ARTS PROGRAMMING\*\*\***

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**Please note:**

- If scholarship assistance is approved, the student or family may be asked to volunteer at Fairmount. Volunteer opportunities will be communicated to scholarship recipients.
- Additionally, Fairmount requests that a thank you note be written which can be shared with the donors who are providing support for scholarships. Thank you.

Student Signature	Date
Parent/Guardian Signature	Date

**Please return completed form to Rachael Palermo, Director of Education: [edudir@fairmountcenter.org](mailto:edudir@fairmountcenter.org)**

<b>OFFICE USE ONLY</b>	
Scholarship Name	Amount \$
Scholarship Approved by	Date
Executive Director Signature	Date
Scholarship Processed by	Date