

# Adult Scholarship Application

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE REQUIRED ITEMS TO:

Ashlie Beach, Education Director  
Kirkland Arts Center  
620 Market Street  
Kirkland, WA 98033

You may also elect to send them via email to [education@kirklandartscenter.org](mailto:education@kirklandartscenter.org) or drop off at Kirkland Arts Center. For more information, please call (425) 822-7161 x181.

## Adult Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, national origin, sex, or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Scholarships are awarded in various amounts and may not cover the entire class or workshop fee.
- Incomplete scholarship applications will not be reviewed.

## Adult Scholarship Requirements:

- Submit completed application.
- Submit financial documentation demonstrating need.

Applicants are highly encouraged to apply at least *two months* prior to the start date of their desired class or workshop in order to be considered for scholarship. Scholarships applications may not be considered if received fewer than two weeks before the class or workshop start date.

## APPLICANT INFORMATION

*Please type or print neatly in ink. Use additional sheets of paper if necessary.*

NAME OF STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

DAY TELEPHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

Has the student ever taken classes at Kirkland Arts Center?  YES  NO

If yes, when and what classes?

\_\_\_\_\_  
\_\_\_\_\_

Did the student previously receive a scholarship from KAC?  YES  NO

Class or workshop for which aid is requested (in order of preference):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**How will the student benefit from taking classes at the Kirkland Arts Center?**

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**INCOME INFORMATION**

- 1) What is the *total* annual family income? \_\_\_\_\_
- 2) Please attach **one or more** of the following documents:
  - A copy of the first page of your latest income tax return (1040 form with Social Security number blacked out) indicating total annual income.
  - Any documentation from federal, state, county or local assistance program that verifies family need.
- 3) How many adults and children are supported by the income indicated? \_\_\_\_\_
- 4) Please list any other sources of income (such as child support) and how much is received annually:  
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 \_\_\_\_\_  
 \_\_\_\_\_

**Please briefly explain the applicant's financial situation.**

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**TERMS AND CONDITIONS**

*Receipt of a scholarship from the Kirkland Arts Center is limited to one student per family per quarter. Applicants are chosen based upon financial need. Although exhaustive financial records are not required, a failure to provide accurate information will be cause for revocation of all scholarship privileges. Scholarships are awarded for a specific quarter or session and may not be transferred or deferred. Receipt of a scholarship does not guarantee placement in a specified class. KAC awards aid which only partially covers the costs of a class. **All scholarship recipients are expected to contribute a minimum of \$20 towards a class fee. Prospective students must register in accordance with registration guidelines.** The Kirkland Arts Center reserves the right to cancel any class or workshop. In the event of unreasonable conduct, KAC reserves the unconditional right to terminate a student's enrollment without a refund or reinstatement of scholarship monies.*

*I have read and understood the terms of the scholarship application and agree to these conditions. The information I have provided is accurate and complete to the best of my knowledge.*

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_ **APPLYING FOR SESSION** \_\_\_\_\_

**OFFICE USE ONLY**

DATE \_\_\_\_\_ QUARTER \_\_\_\_\_ APPROVED \_\_\_\_\_ WAITLISTED \_\_\_\_\_ DECLINED \_\_\_\_\_  
COMMENTS \_\_\_\_\_