

Art and Culture Center of Hollywood

2014 Scholarship Application Request

Please fill out and return along with a completed registration form and proof of eligibility. Please fill out a separate form per child.

Date _____

Parent/Guardian Name _____

Full Address _____

Home Phone _____

Alternate Phone _____

Program Name _____

Session Requested _____

Name of Child _____

Explain why you are requesting this scholarship for your child (attach additional paper or letter if necessary)

Please attach proof of participation in Broward County or Miami-Dade free/reduced meal program or proof of income with the latest W2 form. Family income must be at or below the following Florida Income guidelines:

Household	2	3	4	5	6
Yearly Gross Income	\$28,694	\$36,131	\$43,568	\$51,005	\$58,442