



Davis Studio

Scholarship Application

Name of Student: _____ **DOB:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Legal Guardian 1: _____

Home Phone: _____ **Cell Phone:** _____

Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

Legal Guardian 1's Occupation & Employer: _____

Work Phone: _____ **Email:** _____

Parent/Legal Guardian 2: _____

Home Phone: _____ **Cell Phone:** _____

Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

Legal Guardian 2's Occupation & Employer: _____

Work Phone: _____ **Email:** _____

How many siblings live in the household? _____ **Ages of siblings:** _____

Please list the names of all adults with legal custody: _____

Who will be responsible for payments to Davis Studio? _____

Monthly Gross Income for those responsible for making payments to Davis Studio:

Parent/Guardian 1: _____ **Parent/Guardian 2:** _____ **Total \$** _____

****Income must be verified by your IRS 1040 (pages 1 and 2) AND a recent pay stub OR a letter from your employer. No application will be processed without proper income verification attached.**

List any extraordinary family expenses (i.e., medical, alimony, loans, etc.)

Type: _____ **Amount:** _____

Type: _____ **Amount:** _____

Type: _____ **Amount:** _____

Amount of money you can contribute (please be specific): _____

***Note: You must be able to contribute at least 50% of tuition costs.**

Davis Studio determines need by evaluating a family's ability to contribute against the total cost of attendance. Eligibility for need-based aid is determined through a review of a family's federal income tax information. To be eligible for need-based financial aid, a family must demonstrate that its resources are insufficient to cover the total cost of tuition.

Need-based aid is intended to defray the cost of school attendance, where appropriate, and will not cover the total cost. Available funding is limited, with the purpose of helping as many families as possible who demonstrate need.

Please note: the scholarship award does not guarantee a space in class. Enrollment is subject to availability at the time parental contribution is received.

"I certify that the above information is true and complete to the best of my knowledge, and I have turned in the appropriate paperwork to verify the information."

Signature: _____ **Date:** _____

Printed Name: _____

Please verify that we have your correct email address. All confirmations, class cancellations, and other communication will be done via email.