



Mass Arts Center Academy – Financial Assistance Application

STUDENT NAME: *

First: _____ Last: _____ Age: ____ Date of Birth*: xx/xx/xxxx: _____ Grade: _____

ADDRESS*

Street Address: _____ Address Line 2: _____ -

City: _____ State _____ ZIP / Postal Code _____

Email* _____

Phone* _____ Phone 2 _____

Annual Gross Household Income* \$ _____

Number of People in Household* _____

Are you currently receiving any financial assistance*

YES

NO

If yes, please explain below:

Other information/special circumstances:

Notification about scholarship awards will be sent out via mail or e-mail.

Preferred method of communication - please check one.*

Check one: MAIL EMAIL PHONE

SIGNATURE: I certify that, to the best of my knowledge, all the information listed above is accurate and all income has been reported. *

Student's (age 18+) or responsible parent's signature

* *Items with an asterisk indicate required information.* Complete the essay on the next page



ESSAY: In 100 words or less, please explain why you would like to attend the Mass Arts Center Academy. *

A large, empty rectangular box with a thin black border, intended for the student to write their essay response.