Yocum Institute for Arts Education - Scholarship Application

1100 Belmont Avenue – Wyomissing, PA 19610 – 610-376-1576 – www.institute-of-arts.org

There are a limited number of full & partial scholarships available, if you are interested in applying, please fill out the information below, attached all requested information and mail to address above or drop off, ATTN. SUSAN ROHN, Executive Director:

Date: _____ Applicant's Full Name:_____ D.O.B. (if under 18) _____

Address:_____

City:_____ State:_____ Zip:_____ Daytime Phone:_____

Email: _____ Evening Phone:_____

Class Name for which you are applying: _____ Class Start Date: _____
(a letter of recommendation may be requested)

*Scholarships are awarded annually and limited to one course per students per session/semester. At the end of each session continuation of the scholarship for subsequent session based upon instructor's evaluation. *Please note that the funds are limited and applying does not guarantee funding.*

IF STUDENT IS UNDER 18, A PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING:

Mother/Guardian Name: _____ Employer's Name:_____

Employer's Address: _____ Business Phone:_____

Father/Guardian Name:_____ Employer's Name:_____

Employer's Address: _____ Business Phone: _____

Parents are (please circle): Married Divorced Single

Number of Dependents in household: Children_____ Adults_____

Child's Current School Name: _____ Grade to be completed by June _____

Have you ever previously received an Institute scholarship? _____ Year _____

Financial Information Required:

All Applicants: Most recent Tax Return (first two pages)

ALSO – as applicable: Current wage stub AFDC Social Security info. Unemployment info.
List All Income Sources:

1. _____ Annual Amount _____

2. _____ Annual Amount _____

3. _____ Annual Amount _____

Are there any other important financial circumstances that you would like the Institute to be aware of? (please use back of form or attach another sheet of paper)