Name:	

Worcester Center for Crafts Application for **Youth & Teen** Scholarship

Instructions:

- 1. Please fill out this application completely. This form is confidential and will not be shared outside of the scholarship committee.
- 2. Please have someone like your art teacher (no friends or family, please) write a letter of recommendation.
- 3. If you are eligible for free or reduced lunch at school, please include documentation of eligibility with your scholarship application.
- 4. Please mail/ bring this completed form plus any requested letters to:

Worcester Center for Crafts ATN: Youth Scholarship 25 Sagamore Road Worcester, MA 01609

NOTE: Scholarship awards are subject to availability and priority need. Requests for specific classes cannot be guaranteed.

Student Information:	DATE:		
LAST NAME	FIRST NAME	BIRTHDATE	
ADDRESS		APARTMENT NUMBER	
CITY	STATE	ZIP CODE	
DAYTIME PHONE	EVENING/CELL PHONE	EMAIL Address	
EMERGENCY CONTACT PERSON	EMERGENCY PHONE NUMBER	RELATIONSHIP	
Are you applying for the first time? \	/es No		
If NO, when did you last apply?			
What session are you applying for?	Fall I Fall II Winter I Winter II Sprin	ng I Spring II Summer	
COURSE REQUESTED:			
Title:	Cours	e #	

We'd like to get to know something about you! Please tell us about courses at the Craft Center. What motivated you to apply? Have are venture?	t/ crafts been part of your life, or is this a new
Ve would like a letter of reference from someone who can attest to emain committed to a course. Who will write the letter?	
low do you know this person?	
hank you for sharing your personal story with us! We hope to have	e a chance to chat with you, either by phone or
n person before the scholarships are awarded.	
SIGNATURE: My signature certifies that the information on this app	lication is accurate.
Applicant's Signature	Date
Parent/Guardian Signature	Date
OR OFFICE USE ONLY:	
Date Application Received:	
Reference Letter:	
ACTION:	
Course # and Title:	
Notes:	