



SAUGATUCK
CENTER FOR THE ARTS

2017 Student Scholarship Application

Child's Name _____ Age _____

Parent's Names _____

Address _____

City _____ State _____ Zip _____

Phone: _____

We receive Food Stamp or Family Independence Program (FIP) Support: Yes___ No___
Partial tuition scholarships are available.

Annual Household Income: ___ under \$25,000
 ___ \$25,001 - \$35,000
 ___ \$35,001 - \$45,000
 ___ \$45,001 - \$55,000
 ___ \$55,001 and above

Number in household: ___

Camp(s) your child(ren) wish to attend: _____

Please attach a letter to your completed application:

1. A letter from you (the parent or guardian) explaining how your child would benefit from a scholarship

Please return the application and letter to:

Whitney Valentine
Education & Exhibition Manager
PO Box 940
Saugatuck, Michigan 49453

OR you may:

Forward a scanned copy/PDF to: whitney@sc4a.org

Saugatuck Center for the Arts / 400 Culver Street / Saugatuck, MI 49453 / 269-857-2399 / www.sc4a.org