Manatee Performing Arts Center Student Scholarship Application

Submit completed form to: 502 Third Avenue West, Bradenton, FL 34205 or email to ceo@ManateePerformingArtsCenter.com

Please print clearly. Date of Last Date of Last Date of Last Date of MIL Mame: Last First MIL mm/ddlygygy Mailing Address: Street Apartment/Unit # City State ZIP Code Phone:	Applicant Information						
Student's Name: Date of Bith: Last First M.I. Mailing Address: Street Apartment/Unit # City State ZIP Code Phone:	Please pr	rint clearly.					
Last First M.I. mm/dd/yyy Mailing Address: Street Apartment/Unit # City State ZIP Code Phone:	-				Date of		
Mailing Address: Street Apartment/Unit # City State ZIP Code Phone:	Name:	Lact First		MI	_Birth:	mm/dd/www	
Address: Street Apartment/Unit # City Stete ZIP Code Phone:				101.1.		11111/30/yyyy	
Street Apartment/Unit # City State ZIP Code Phone:							
Phone:	Address.	Street				Apartment/Unit #	
Phone:							
Phone:		City		State		ZIP Code	
Name of School: Current Grade: Parent(s) or Legal Guardian(s):				Olalo			
Name of School: Current Grade: Parent(s) or Legal Guardian(s):	Phone:			Email			
School:							
Parent(s) or Legal Guardian(s): Parent(s) or Legal Guardian(s): Scholarship Information Scholarship Amount Requested (minus \$50 deposit): Scholarship Information Scholarship Amount Requested (minus \$50 deposit): Name of Camp/Program: Reason you are requesting a scholarship and how it will help your family financially: Person of the scholarship is available, will student still attend? YES NO If only a partial scholarship is available, will student still attend? YES NO Referred by: Relationship to student: Student must also submit a brief letter stating why they want to attend. Student must also submit a brief letter stating why they want to attend. Student must also submit a letter of recommendation from a teacher. Signature The information provided in this application is, to the best of my knowledge, true and complete, and I understand that false statements on this application will disqualify the applicant from the scholarship. Name of Parent accounties on this application will disqualify the applicant from the scholarship.							
Scholarship Information Scholarship Amount Requested (minus \$50 deposit): \$	School.						
Scholarship Amount Requested (minus \$50 deposit): § Name of Camp/Program:	Parent(s)	or Legal Guardian(s):					
Scholarship Amount Requested (minus \$50 deposit): § Name of Camp/Program:		Scholarshin Inforn	nation				
Name of Camp/Program: Reason you are requesting a scholarship and how it will help your family financially:							
Name of Camp/Program:	Scholarsh	ip Amount Requested (minus \$50 deposit): <u></u>					
Reason you are requesting a scholarship and how it will help your family financially:							
If only a partial scholarship is available, will student still attend? YES NO If only a partial scholarship is available, will student still attend? Image: Description of the second state of the second state of the scholarship of the scholarship is available, will student still attend? Referred by: Image: Description of the scholarship of the scholarship. Relationship to student: Image: Description of the scholarship. Student must also submit a brief letter stating why they want to attend. Student must also submit a letter of recommendation from a teacher. Student must also submit a letter of recommendation from a teacher. Signature The information provided in this application is, to the best of my knowledge, true and complete, and I understand that false statements on this application will disqualify the applicant from the scholarship. Name of Parent Stick of Parent Name of Parent Description	Name of Camp/Program:						
If only a partial scholarship is available, will student still attend? YES NO If only a partial scholarship is available, will student still attend? Image: Description of the second state of the second state of the scholarship of the scholarship is available, will student still attend? Referred by: Image: Description of the scholarship of the scholarship. Relationship to student: Image: Description of the scholarship. Student must also submit a brief letter stating why they want to attend. Student must also submit a letter of recommendation from a teacher. Student must also submit a letter of recommendation from a teacher. Signature The information provided in this application is, to the best of my knowledge, true and complete, and I understand that false statements on this application will disqualify the applicant from the scholarship. Name of Parent Stick of Parent Name of Parent Description	Reason you are requesting a scholarship and how it will help your family financially:						
If only a partial scholarship is available, will student still attend?	,						
If only a partial scholarship is available, will student still attend?							
If only a partial scholarship is available, will student still attend?						_	
If only a partial scholarship is available, will student still attend?			YES	NO			
Relationship to student:	If only a p	artial scholarship is available, will student still attend?	_	_			
Relationship to student:	Referred b	DV:					
Student must also submit a brief letter stating why they want to attend. Student must also submit a letter of recommendation from a teacher. Signature The information provided in this application is, to the best of my knowledge, true and complete, and I understand that false statements on this application will disqualify the applicant from the scholarship. Name of Parent							
Student must also submit a letter of recommendation from a teacher. Signature The information provided in this application is, to the best of my knowledge, true and complete, and I understand that false statements on this application will disqualify the applicant from the scholarship. Name of Parent as Quartians	Relationsi	hip to student:					
Signature The information provided in this application is, to the best of my knowledge, true and complete, and I understand that false statements on this application will disqualify the applicant from the scholarship.							
The information provided in this application is, to the best of my knowledge, true and complete, and I understand that false statements on this application will disqualify the applicant from the scholarship.	Student m	nust also submit a letter of recommendation from a teacher.					
statements on this application will disqualify the applicant from the scholarship.		Signature					
or Cuerdion							
or Cuerdion							
					Date:		
Signature of Parent							

The Florida Cultural Group, Inc. does not discriminate against any person on the basis of race, color, national origin, disability or age in admission or participation in its program activities, or in employment.

Date:

or Guardian: