

VITA ART CENTER SCHOLARSHIP APPLICATION FORM

Please print out and mail to:

Vita Art Center
432 Ventura Ave. Studio 30
Ventura, CA 93001

For which class are you requesting a scholarship?

Class Name: _____ Dates: _____

Tuition Fee: _____ What amount are you able to pay? _____

Child's Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cel _____ Work _____

Family's estimated total monthly income _____ /month

Number of People in Household: _____ adults _____ children

Family's total monthly expenses: _____

Other factor's we should consider: _____

The Vita Art Center's goal is to provide scholarships to as many applicants as possible (ideally all!). However there are limited scholarship funds available. The most scholarships granted will be for partial tuition.

Signature _____ Date: _____

The above information will be kept in the strictest of confidence.

Thank you! We will call you once we receive your application. If you have any questions
Please call Mary Perez at 805-644-9214 or email maryperez@vitaexplorations.com