

**Children's Scholarship Application
Required Information**

Please return this completed form along with a copy of your most recent tax return.

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Student's Name _____ Date of application _____

Parent/Guardian's Name(s) _____

Street Address _____

City, State, Zip Code _____

Home Telephone Number _____ Parent/Guardian's Mobile Telephone Number _____

Email Address(es) _____

Student's Age _____ Date of Birth (Month, Day, Year) _____

Medical Conditions, Allergies, Special Instructions:

Name of School Currently Attending: _____

**Lighthouse ArtCenter
Gallery & 2D Studio**

373 Tequesta Drive
 Tequesta, FL 33469
 (561) 746-3101
 www.LighthouseArts.org

3D Studio

395 Seabrook Road
 Tequesta, FL 33469
 (561) 746-3101
 www.LighthouseArts.org

Studio 385

385 Tequesta Drive
 Tequesta, FL 33469
 (561) 746-3101
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**Voluntary Information about the
Head of Household/Parents/Guardians**

Single Married

Number of children under age 18 in Household _____

List Ages _____

Combined Household Income:

- | | | |
|--|---|--|
| <input type="checkbox"/> Under \$8,000 | <input type="checkbox"/> \$8,000 - \$15,000 | <input type="checkbox"/> \$15,000 - \$25,000 |
| <input type="checkbox"/> \$25,000 - \$35,000 | <input type="checkbox"/> \$35,000-\$45,000 | <input type="checkbox"/> \$45,000-\$55,000 |
| <input type="checkbox"/> \$55,000 - \$65,000 | <input type="checkbox"/> \$65,000-\$75,000 | <input type="checkbox"/> Over \$80,000 |

Selections of scholarships are made on the basis of financial need. *It is the policy of the Lighthouse ArtCenter that there will be no discrimination because of race, color, religion, national origin, gender, sexual orientation, age, disability or military status. **All information will be kept confidential.***

How will this scholarship benefit you or your child?

Has the applicant taken classes or volunteered at the Lighthouse ArtCenter in the past? If so, when and to what capacity?

**Send application to: Lighthouse ArtCenter
ATTN: Program & Education Director
373 Tequesta Drive
Tequesta, FL 33469**

For more information, please call 561-746-3101 or email: Serin@LighthouseArts.org.

For Office Use Only

Application received

Session(s) requested

Session awarded

_____ Date Sponsor was acknowledged and how: _____

Scholarship Sponsor

Request Accepted Denied
whom: _____

Date entered onto Excel spreadsheet: _____ by

Comments
