

Breckenridge Creative Arts Scholarship Application

Thank you for your interest in the programs at the Breckenridge Arts District. We are committed to inclusion in our studio classrooms and encourage individuals and families of limited means to apply for one of our student scholarships.

Mailing Address (If different than ab Phone Number: FINANCIAL INFORMATION Total number of family members livi Number of children (under 18) living	Email Address:	Date of Birth:
Phone Number: FINANCIAL INFORMATION Total number of family members livi Number of children (under 18) living	Email Address:	?
Mailing Address (If different than ab Phone Number: FINANCIAL INFORMATION Total number of family members livi Number of children (under 18) living Number of adults (over 18) living in p	Email Address:	?
FINANCIAL INFORMATION Total number of family members livi Number of children (under 18) living	ng in primary residence	?
Total number of family members livi Number of children (under 18) living		?
Number of children (under 18) living		?
_	:	
Number of adults (over 18) living in a	in primary residence?	
indiliber of addits (over 10) living in p	orimary residence?	
Total annual household income?		
l attest that the financial and family	information I have provi	ded above is accurate and truthful.
Signature	Date	
SCHOLARSHIP REQUEST	Which class would you like to attend?	
Class title and description:		

Class date(s):
Class time(s):
Class price(s):
Please give a brief description of your goals for participating in this class:

Please return this completed and signed application to:

Breckenridge Creative Arts
PO Box 4269
Breckenridge, CO, 80424

Or you can email it to Becca Spiro, Director of Learning + Engagement, at becca@breckcreate.org

The application deadline is at least three (3) weeks prior to the requested class. Please see our website, **www.breckcreate.org** for full schedule of programs.