



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.

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**STUDENT INFORMATION**

Last Name:  First Name:  Date of Birth:

Street Address:

Mailing Address (If different than above):

Phone Number:  Email Address:

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**FINANCIAL INFORMATION**

Total number of family members living in primary residence?

Number of children (under 18) living in primary residence?

Number of adults (over 18) living in primary residence?

Total annual household income?

I attest that the financial and family information I have provided above is accurate and truthful.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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**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 Drea Edwards, the Arts Education Manager, at [drea@breckcreate.org](mailto:drea@breckcreate.org)

The application deadline is at least three (3) weeks prior to the requested class.

Please see our website, [www.breckcreate.org](http://www.breckcreate.org) for full schedule of programs.