

CREATIVE MINDS APPLICATION

Please fill out and return to address listed below.

STUDENT NAME:	AGE:
SCHOOL:	GRADE:
PARENT/GUARDIAN NAME:	
ADDRESS:	
EMAIL:	
TELEPHONE #:	WORK/CELL:
EMERGENCY CONTACT:	
NAME:	TELEPHONE #:

The Creative Minds Scholarship Fund is available for those most in need. If possible please provide us with at least one reference from a school, community organization or agency. (Name, place of work, email and contact number).

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We require that you make a contribution, what amount would be possible for you? \$

Please list student's interests (drawing, painting, sculpture, fiber, general art etc.):

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Why is this program important for your child?

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Additional Comments/Information:

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