



WAGON WHEEL
CENTER FOR THE ARTS

WWCA Scholarship Program

All Information is Confidential

- Please complete all information requested. Incomplete applications will not be considered
- The number of scholarships available is limited; application acceptance depends upon scholarship committee review and availability of funds.

Student Name _____

Age _____ Grade _____ Gender _____

Address _____

City, State & Zip _____

Parent/Guardian 1 _____

Home Phone _____ Alternate Phone _____

E-Mail _____ Parents Occupation _____

Parent/Guardian's Employer _____

Parent/Guardian 2 _____

Home Phone _____ Alternate Phone _____

E-Mail _____ Parents Occupation _____

Parent/Guardian's Employer _____

Annual Gross Income (combined if applicable):

Under \$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 over \$80,000

Number of Adults in Household _____ Number of children in household _____

Are you applying for: Full Scholarship Partial Scholarship

Please state the amount you are able to pay? _____

Please add a note on the back of the application, regarding the positive impact this educational opportunity would have on your child; any special circumstances that have created a need for the scholarship assistance; or anything that you would like our scholarship committee to take into consideration as they review your application.

Signature _____ Date _____

(Parent/Guardian if under 18)