

# SMARTS SUMMER INSTITUTE SCHOLARSHIP APPLICATION

The Scholarship Application must be submitted with a completed registration form and registration fee (see brochure or online form). Please return this form and all requested documents by May 1st to:  
SMARTS Scholarship Committee, PO Box 356, Attleboro, MA 02703

### Information about the SMARTS Summer Institute Fee Reduction Scholarship Program

This program is based solely on financial need. Please apply with discretion. The SMARTS Summer Institute is committed to creating greater access for more families. The scholarship program aims to reduce the fee, while requesting that the family pay for the remainder of the tuition. Through this program we are able to share the resources throughout the communities that we serve. You will receive information about your scholarship award by mail. Questions regarding scholarships and enrollment should be directed to Jennifer Van 508-222-8484.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

### CIRCLE YOUR PROGRAM

Pre-K  
Age 3-4

Elementary  
Grades K-3

Junior  
Grades 3-8

Senior  
Grades 8-12

1. Please explain in detail why you are requesting financial aide. All applications must include verification of income: **Attach W-2's or your most recent tax return, and any other documentation of income** that will support your request. All information provided on this application is strictly confidential.

2. Briefly describe your child's artistic interests and talents. List any awards received.

I understand that the SMARTS Summer Institute scholarship is based on financial need and that all information on this form and on documents enclosed is accurate.

Signature of parent/guardian \_\_\_\_\_

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Office Use Only: Applicant # \_\_\_\_\_ Yearly Income \_\_\_\_\_ Date Rec. \_\_\_\_\_