



SOUTH SHORE ART CENTER—Request for Financial Assistance

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Home: _____ Work: _____

Scholarships are granted on the basis of financial need. Requests are considered toward the close of registration for each term. You will be notified before the first class of your financial aid status.

Check one: Partial Tuition Full Tuition

Desired course: _____ Tuition _____

Day & Time _____ Instructor _____

Second Choice _____ Tuition _____

Day & Time _____ Instructor _____

Reason for requesting financial assistance:

Financial Information: Total Household Income (please check one)

Under \$15,000 per year

Under \$35,000 per year

Number of members in household ____ (Include adults and children)

Signature (or that of parent/guardian, if minor): _____

Date: _____

Please return application to:

SOUTH SHORE ART CENTER
119 Ripley Road
Cohasset MA 02025