



south shore  
art center

**SOUTH SHORE ART CENTER**  
Request for Financial Assistance

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

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 if you are a recipient.

**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 \$20,000 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: \_\_\_\_\_

**Return this application to:**

South Shore Art Center, 119 Ripley Road, Cohasset MA 02025