

3031 Valley Avenue suite 108, Winchester, VA 22601 · admin@italiapai.org · 540-504-7263

Scholarship Application Form

This application is for:	☐ Tuition scholarship (apply Ju	une 1 st to August 1 st) OR	☐ Emergency	scholarship
Applicant (paren Name:	t or guardian of student	under 18, or stude Telephone:	e nt over 18) Email:	
Address:		City:	State:	Zip:
Student				
Name:		Date of Birth:		
Performing arts school	attended:			
Teacher name(s):				
Classes taken, with nur	mbers per week:			
☐ I enclose a lett	er of recommendation from this	s school and/or teacher, (OR	
	the named school and/or teach	•		
Financial Informa	ation			
Tuition for all classes to	aken:	per month/oth	er	
(for tuition scholarship	only)			
Scholarship requested:	:	per month/one	e off/other	
school year (May/June	ill normally be offered for only pe) unless renewed. They may be tout good reason. Classes may be c	terminated early if the st	udent fails to att	end the classes listed
Reasons for Requ	uesting Scholarship			
Please explain, on the l	back of this form or on a separat	te sheet, the reasons why	the student ne	eds a scholarship. Italia
Performing Arts Institute reserves the right to request verification for claims based on financial need.				

I would like to apply for a scholarship to assist the student named above in paying for performing arts classes. If a scholarship is offered, I agree to bring them regularly to the classes listed above or to make up classes in case of

Date:

absence.

Signature of applicant: