

Falmouth Art Center
PO Box 660
Falmouth, MA 02541
(508) 540-3304



Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade if appropriate: _____

Date of Application: _____ Phone: _____ Email: _____

Seeking funding for the following class/workshop and session: _____

Previous classes/workshops at the Falmouth Art Center if any: at Cape Conservatory

Parent/Guardian Information, if appropriate:

1. Parent/Guardian 2. Parent/Guardian

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ ST: __ Zip: _____ City: _____ ST: __ Zip: _____

Phone: (H) _____ (W) _____ Phone: (H) _____ (W) _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

City: _____ ST: __ Zip: _____ City: _____ ST: __ Zip: _____

Position: _____ Position: _____

Please check appropriate boxes below:

Are you a new student or returning? New Returning

Were you awarded financial aid last year? Yes No

I understand that the Falmouth Art Center seeks to award financial assistance to those whose needs are greatest and does not discriminate in matters of race, color, sexual orientation, national or ethnic origin. To the best of my knowledge, the information given on this application is correct. All financial information will be regarded as strictly confidential by the Financial Aid Committee. The Committee reserves the right to ask for additional support information.

Signature (parent/guardian if appropriate) _____ Date _____