

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_