

Child's name _____

What school does child attend? _____

Gilroy address _____

Parent/Guardian Names: _____

Home Telephone: _____ Cell or Work Telephone: _____

Parent/Guardian Email address _____

Do you currently receive any of the following: Food Stamp, California Work Opportunity and Responsibility to Kids (CalWorks), Kinship Guardianship Assistance Payments (Kin GAP), or Food Distribution on Indian Reservations (FDPIR) benefits? **YES OR NO (please circle)**

Is child currently receiving Free or Reduced Price Meals at school? **YES OR NO (please circle)**

Which class or classes do you want your child to attend:

___ Art Class July 10, 11, 12, 13

___ Art Class July 17, 18, 19, 20

___ Video Class July 9, 10, 11, 12, 13, 17, 18, 19, 20, 21

Please share any other information that you feel would be helpful:

PLEASE MAIL OR DROP OFF THIS FORM TO:

GILROY CENTER FOR THE ARTS, 7341 MONTEREY ST, GILROY CA 95020 ATTN: KEVIN HEATH

DEADLINE FOR SCHOLARSHIP APPLICATION JUNE 9