

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