

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:

\_\_\_ Video Class June 19 – 30

\_\_\_ Morning Art Class July 3, 5, 6, 7

\_\_\_ Afternoon Art Class July 3, 5, 6, 7

\_\_\_ Morning Art Class July 10 – 14

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**