



Atlantic Center for the Arts' Community Arts Center at Harris House  
214 S. Riverside Drive, New Smyrna Beach, FL 32168

## Scholarship Application

atlantic center for the arts

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Office: \_\_\_\_\_

School: \_\_\_\_\_

Reason for scholarship (need or skill based): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sessions (circle or highlight session/s)	Date	Tuition	ACA/NonMember
Session 1	June 17-20	9 – 2	\$75/\$85
Session 2	June 24-27	9 – 2	\$75/\$85
Session 3	July 8-11	9 – 2	\$75/\$85
Session 4	July 15-18	9 – 2	\$75/\$85
Session 5	July 22-25	9 – 2	\$75/\$85
Session 6	July 29-Aug 1	9 – 2	\$75/\$85
Session 7	August 5-8	9 – 2	\$75/\$85

\*Adult family members willing to volunteer for a full session automatically receive 1/2 off one tuition fee.

Scholarship requests are for internal ACA use only and are held in the strictest confidence

<b>ACA OFFICE USE:</b>	
<b>Approval</b>	FULL _____
	PARTIAL _____
By _____	