

**Adult Scholarship Application
Required Information**

Please return this completed form along with your most recent tax return.

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Name		Date of application
Street Address		
City, State, Zip Code		
Home Telephone Number		Mobile Telephone Number
Email Address(es)		
Student's Age	Date of Birth (Month, Day, Year)	
Employer		

**Lighthouse ArtCenter
Gallery & 2D Studio**

373 Tequesta Drive
Tequesta, FL 33469
(561) 746-3101
www.LighthouseArts.org

3D Studio

395 Seabrook Road
Tequesta, FL 33469
(561) 746-3101
www.LighthouseArts.org

Studio 385

385 Tequesta Drive
Tequesta, FL 33469
(561) 746-3101
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Voluntary Information about the Head of Household

☐ Single ☐ Married

Number of children under age 18 in Household _____

List Ages _____

Combined Household Income:

☐ Under \$8,000	☐ \$8,000 - \$15,000	☐ \$15,000 - \$25,000
☐ \$25,000 - \$35,000	☐ \$35,000-\$45,000	☐ \$45,000-\$55,000
☐ \$55,000 - \$65,000	☐ \$65,000-\$75,000	☐ over \$80,000

Please indicate the session for which you are applying for the scholarship, and/or the class/workshop you are interested in attending:

Selections of scholarships are made on the basis of financial need. *It is the policy of the Lighthouse ArtCenter that there will be no discrimination because of race, color, religion, national origin, gender, sexual orientation, age, disability or military status.*
All information is for the Lighthouse ArtCenter and will be kept confidential.

How will this scholarship benefit you?

Has the applicant taken classes or volunteered at the Lighthouse ArtCenter in the past? If so, when and to what capacity?

**Send application to: Lighthouse ArtCenter
ATTN: Program & Education Director
373 Tequesta Drive
Tequesta, FL 33469**

For more information, please call 561-746-3101 or email: Serin@LighthouseArts.org.

For Office Use Only

Application received

Session(s) requested

Session awarded

Scholarship Sponsor Date Sponsor was acknowledged and how: _____

Request ☐ Accepted ☐ Denied

Date entered onto Excel spreadsheet: _____ by whom: _____

Comments
