

# GUNNISON *ARTS* CENTER

• P.O Box 1772 • 102 S. MAIN STREET • GUNNISON, CO 81230 • 970.641.4029 • WWW.GUNNISONARTSCENTER.ORG •

## Class Tuition Support Application Form

### Instructions:

- 1.) Please fill out this form (type or print neatly). Application must be complete.
- 2.) Application form **MUST** be accompanied by a personal letter stating the reason(s) for the Tuition Support Request including financial considerations.
- 3.) Application must be submitted at least seven business days prior to the start of the class for which the request is being made.

**Applicant:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Class or Program for which tuition assistance is requested:**

\_\_\_\_\_

**Amount of tuition assistance requested:** \_\_\_\_\_

*\* Please keep in mind that a financial contribution from you (in whatever amount you are able to contribute) shows us that you are committed and allows us to offer more scholarships to other students throughout the year.*

**Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name of Parent or Guardian (If under 18):** \_\_\_\_\_

**Name of person filling out the application form (if different from applicant):**

\_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Gunnison County Resident?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Length of time living in Gunnison County:** \_\_\_\_\_

**Member of the Gunnison Arts Center?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have received previous tuition assistance from the Gunnison Arts Center, please include amount and purpose:

How do you wish to be contacted regarding your Tuition Support Request?

\_\_\_\_ Phone \_\_\_\_ E-mail \_\_\_\_ Mail