

Diversity Arts Program 2010 Scholarship Request Form

Student's Full Name _____
(if siblings please enter on same form)

Student's School _____

Grade in Fall '10 _____

Home Address _____ Zip code _____

Home phone _____ Cell phone(s) _____

Parent/Guardian name(s) _____

Parent/Guardian cell phone(s) _____

Parent/Guardian work # _____ Parent/Guardian email(s) _____

Would the student be able to enroll in the program without a scholarship?

YES NO

Full tuition for the Diversity Arts program is \$500.00

Please indicate what portion of the tuition you are able to contribute \$ _____

Note (Optional): _____

Parent/Guardian Signature _____ **Date** _____

*A limited number of full or partial scholarships will be awarded based on availability of funds.
Notification of scholarship award will be made by **May 7, 2010**.*

Please return this form and the application no later than April 30, 2010 to:

**Emily Task
Program Director
Diversity Awareness Partnership
815 Olive Street, Suite 25
St. Louis, MO 63119
Fax: (314) 621-9232**

Please direct any questions to Emily Task at etask@dapstl.org or (314) 436-7628