



SCHOLARSHIP APPLICATION

KVPAC is a 501(c)(3) non-profit organization and scholarships are provided to families based on merit, eligibility, availability and financial need.

Instructions: Complete & return both pages to KVPAC, 2501 Mason Road #290, Katy, TX 77450. Business office hours are Monday-Friday from 9am - 7pm. Page 1 is to be completed by a parent. Feel free to use the back of this page or attach a second page as needed. Page 2 must be completed by the child's teacher. The parent will be notified of results upon staff review – please allow 2 weeks for processing. For more information, phone KVPAC at 281-829-2787.

Parent Name _____ Phone _____ Cell _____

Student Name _____ Age _____ Grade _____ School _____

Address _____ City _____ Zip _____

What artistic tendencies or talents does your child display?

For visual arts, what medium does your child prefer to work in or is interested in learning about?

Does your child have any special needs or disabilities? If yes, explain the nature of the disability and how best to accommodate them.

Check the current KVPAC course catalog available at KVPAC or on the website (www.KVPAC.org) and list specific classes you think are best suited to your child's interests, talents and schedule.

1. _____ Start Date _____

2. _____ Start Date _____

Check family income level. This information is confidential & is used for grant purposes only.

___\$12,000-20,000___\$20,000-40,000 ___\$40,000-60,000 ___\$60,000-80,000 ___Above \$80,000

KVPAC has limited resources and scholarships are never funded at 100%. Please consider the last question carefully and answer with a dollar amount or percentage based on the tuition of the classes selected above.

How much can the family contribute toward the student's tuition? _____

Katy Visual & Performing Arts (KVPAC)

SCHOLARSHIP APPLICATION Page 2 - TEACHER RECOMMENDATION

To the Teacher: This child is being considered for a scholarship in a Performing or Visual Arts program at KVPAC. Please share your observations and opinions regarding this child's talent, aptitude and work ethic. Use the back of page as needed. Thank you.

Child Name _____ Parent _____

Teacher Name _____ Phone _____

In what capacity and for how long do you know the student?

What artistic tendencies or traits does the student exhibit?

What kind of class do you think would develop the student's talent?

What have you observed about the student's work ethic?

Is the student able to focus and stay on task appropriate to their age level?

Is there anything else you would like to share regarding the student's worthiness to receive a scholarship?

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Office Use Only: Date rec'd _____ Staff Approval _____

Suggested Placement _____

Scholarship Amount _____ Parent Notification Date _____ Staff Initials _____