



Scholarship Application

It is the mission of KVPAC to educate, heal and unify our community through the Arts. As such, it is our goal to provide services for any person who desires to participate in KVPAC, regardless of the ability to pay the standard program fees. Every year KVPAC raises money to help scholarship youth and families. Those not able to pay the full fee may be awarded assistance based on their demonstrated ability to pay.

To be eligible for a scholarship, applicants must meet household/yearly income requirements. Scholarships are assigned by individual program availability. Applicants will be notified once the application for scholarship has been reviewed. For more information: info@kvpac.org or 281-829-2787.

To apply for a scholarship, please bring the following information to KVPAC.

1. Completed Scholarship Application.
2. Most recent income tax return (*this will be reviewed and returned to you*).

Parent/Guardian First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address: _____

Ethnicity: *(optional)* African American ___ Anglo ___ Asian ___ Asian/Pacific Islander ___ Hispanic ___ Other _____

This application does not register the participant, nor does it reserve space in a KVPAC class.

Students First Name	Last Name	Age	Grade	Class Requested	Start Date

Please indicate: Number of household members: _____ Adjusted Gross Income: \$ _____ Amount you can contribute \$ _____

Any Extenuating Circumstances or Additional Comments to be considered: _____

I certify that the above information is true and complete to the best of my knowledge. I agree to inform KVPAC immediately of any change in my income. I understand that false or incomplete information could jeopardize my scholarship.

Signed: _____ Date: _____

KVPAC Offices

2501 S. Mason Road #290, Katy, TX 77450.

info@kvpac.org **281-829-2787**

Business office hours are Monday-Friday from 9:00am – 7:00pm during the academic school year and Monday-Friday 8:30am-4:30pm throughout the summer.

Office Use Only:

Date application received: _____ Adj Gross Income from Tax Return \$ _____ Verified by: _____

Additional Notes for File:

- Approved Amount \$ _____
- Denied
- Applicant Contacted
- Enrolled

Staff Signature _____ Date: _____