

CONFIDENTIAL



Volcano Art Center Liko A' E - Student Scholarship Application

Parent / Guardian: _____ Student Name: _____

Age: _____ Grade: _____

Parent/Guardian: Phone: _____ Email: _____

Monthly Family income: _____ Number of family members in home: _____

Has student received VAC financial support in the past? YES ___ NO ___ DATE: _____

Which Program is student planning to participate in?

Why is the student interested in participating in this program?

Upon approval the student may qualify for either, 100, 75, 50, 25% off costs related to this class.

I certify on behalf of the applicant all the above is true and correct.

Print Parent /Guardian

Parent /Guardian Signature

Date:

Complete form and place in a sealed envelope mail or deliver to:

Volcano Art Center – Liko A'E Program / 19-4074 Old Volcano Road, Volcano, Hawaii 96785 / (808) 967-8222

Mailing address: P.O. Box 129, Volcano, HI 96785

Upon review applicant will be notified within 10 days of application date as to percentage of scholarship.

VAC Internal Office Distribution: OFFICE USE ONLY

Student Name: _____ Percentage Award: _____

Class: _____ Instructor: _____

Date(s) of class: _____

Full Tuition amount: _____ Scholarship award amount: _____

Rev: 3/18/22