

• **SCHOLARSHIP APPLICATION** •



Garde Arts Center
 325 State Street
 New London, CT
 BOX OFFICE: 860-444-7373

Student's Name: _____

Date of Birth: ___/___/___ **Grade in Fall, 2010:** _____ **Sex:** **M** **F**

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

(1) Parent/Guardian Name: _____

(2) Parent/Guardian Name: _____

Address same as child? Yes No If not: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Parent/Guardian email: _____

Please indicate any circumstances that may contribute to this scholarship request:

Please estimate your income and expenses for the current calendar year (2010):

Rent or own home?		Salary/Wages for (1) parent/guardian listed first:	
Annual Mortgage/rental expenses:		Salary/Wages for (2) parent/guardian listed second:	
Utilities/home expenses:		Other taxable family income:	
Other expenses (list):		Child support (if any):	
		Total family income (add lines above):	
		Total family savings account balance(s):	
		Total family checking account balance(s):	
Total family expenses:		Total family investments (stocks, bonds, mutual funds, etc.)	

Please indicate amount family could provide toward cost of Summer on Stage \$ _____

*For scholarships to be considered, all of the following must be received by the Garde (address above):

- Scholarship application form (this document), signed and complete
- Copy of 2009 Federal Tax Return (pages 1 and 2), with wage/salary forms attached
- Recommendation from your child's school principal or teacher

I attest to the accuracy and integrity of the information submitted in this scholarship application:

Printed name _____ Date submitted _____

Parent/Guardian Signature(s) _____

All information provided to the Garde is confidential and will not be used for any other purpose.