



Melanie Thornton Youth Arts Foundation, Inc.

Sweet Dreams Scholarship Application

Circle Intended Term: **Fall Term** **Spring Term** YEAR _____

Student Information

FULL NAME BIRTHDATE _____ AGE _____

SCHOOL ATTENDING (if applicable) Program _____

PARENT / GUARDIAN INFORMATION

Last Name First Name Middle Initial

Street Address City State Zip

Telephone Number Email Address

Occupation Employer

Scholarship Continued

Marital Status (Circle One) MARRIED SEPARATED DIVORCED WIDOWED SINGLE

SPOUSE / CO APPLICANT

Last Name First Name Middle Initial

Street Address City State Zip

Telephone Number Email Address

Occupation Employer

Total Household Income Total Household Debt

Previous Year Adjusted Gross Income (from IRS 1040)

OF CHILDREN

LIST ANY ADDITIONAL CIRCUMSTANCES THAT SHOULD BE TAKEN INTO CONSIDERATION

Scholarship (Continued)

I certify that the information provided is true and complete to the best of our knowledge. If Required, I agree to provide proof of this information, including copies of income tax returns, pay statements, etc, We realize that if documentation is not provided, the applicant may be deemed ineligible for this scholarship.

Parent or guardian

Parent or guardian

Date

THIS SECTION FOR FOUNDATION USE ONLY

Received ____/____/____

Information Verified by _____

Scholarship Board Notes _____

Decision _____

Program Director

