

Raphael Bouganim Memorial Scholarship APPLICATION FORM

Please print out, complete, and mail to:

SF Children's Art Center
Fort Mason, Bldg. C
San Francisco 94123

Please call our Office at (415) 771-0292 or send an email to cacsf@childrensartcenter.org if you have any questions about the Scholarship.

Please do NOT submit any payment with your scholarship application. We will contact you once we receive it to confirm it's arrival and update you on the status of your enrollment. SFCAC's goal is to provide scholarships to as many applicants as possible (ideally all!); there are limited scholarship funds available, however, and most scholarships granted will be for partial tuition, with preference given to new students.

For which class (day/time) are you requesting a scholarship? _____

What is the tuition for this class? _____

What amount are you able to pay? _____

Child's Name _____ Birthdate _____

Address/City _____ Zip _____

Parent/Guardian Name(s) _____

Day Phone () _____ Eve. Phone () _____

Family's estimated Total Monthly Income \$ _____/month

Source(s) of Income _____

Family's estimated Total Monthly Expenses \$ _____/month

Number of People in Household: _____ Adults _____ Children

What other information about your family would you like the Scholarship Committee to know?

Briefly describe why your child would benefit from receiving a scholarship.

Thank you! We will call you when we receive your application!