



*Midland Center for the Arts  
Scholarship Fund*

Information  
and  
Group  
Application Form



*Art from the Heart* is the Midland Center for the Arts Scholarship Fund, designed to assist with costs associated with attending specific performances or other cultural events.

- Groups and organizations requiring assistance in providing cultural opportunities for their members including, but not limited to, museum visits, theatrical and musical events may apply.
- Priority will be given to requests on behalf of under-served groups and organizations.
- Submit applications as soon as possible; applications are reviewed and funds granted based on available funds and tickets for the requested event.
- This fund is made possible through special fundraiser ticket sales, the generosity of individual donors and special grants from a variety of sources. For a list of current sponsors, please visit our website at [www.mcfta.org](http://www.mcfta.org).
- Donations are always welcome! To donate to this fund, please contact Midland Center for the Arts Ticket Office at 800-523-7649. To discuss various giving options to support arts and education, please contact 989-631-5930 ext 1215.

We appreciate your interest in the scholarship program! Please submit your completed application to:

Midland Center for the Arts  
Attn: Education Department  
1801 W. St. Andrews Road  
Midland, MI 48640  
Fax (989) 631-7890

You will be contacted upon approval to discuss arrangements.

Questions? Please call (989) 631-5930 ext. 1273.

*Midland Center for the Arts makes available programs, services and financial assistance without regard to race, color, religion, age, sex or handicap.*



*Midland Center for the Arts Vision:*  
Engaging people and changing lives  
by fusing entertainment, education, and creativity.

Please fill in ALL fields as completely as possible for consideration (including email address for notification purposes).

Date of application \_\_\_\_\_

Group name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Event requested \_\_\_\_\_

Number of ADULT tickets requested \_\_\_\_\_

Number of STUDENT tickets requested \_\_\_\_\_

Please describe your group and its membership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature of your interest and what you hope to accomplish by having your group attend this event?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for applying and additional comments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For office use only:**

Date Rcvd \_\_\_\_\_ Eval by \_\_\_\_\_ Approved? Y N Notification Date \_\_\_\_\_

Amt. Granted \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_