



*Midland Center for the Arts  
Scholarship Fund*

# Information and Individual Application Form



*Art from the Heart* is the Midland Center for the Arts Scholarship Fund, designed to assist individuals in covering costs associated with tuition-based classes, camps and educational programming.

- Funds are typically reserved for **tuition only**; student-supplied materials are not included.
- Applications are due no later than the end of the registration period for the program for which scholarship funds are requested.
- Applications will be reviewed in the order in which they are received. One application will be considered per student per term.
- 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 with instructions for class registration.

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 \_\_\_\_\_

Student name: \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent(s) name (if applicable) \_\_\_\_\_

Class/Workshop requested \_\_\_\_\_

Second choice (if first not available) \_\_\_\_\_

Generally, the maximum amount granted will be limited to 50% of the total tuition cost. Amount of assistance requested: \$ \_\_\_\_\_

If additional assistance is needed, please check this box and provide an explanation. Your request will be evaluated and considered if additional funds are available.

\_\_\_\_\_

Describe the nature of your interest and what you hope to accomplish by attending this class?

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

Reason for applying and additional comments.

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

**For office use only:**

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

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