



The Arts & Science Center
A Plus For Southeast Arkansas

APPLICATION FOR FINANCIAL AID

Student's Name:	Parent's Name:
Address:	
Phone number(s): H:	W:
Cell:	Other:
Number of people in your immediate family (including you and student):	
Supply amount of all income before taxes per month : \$	
Name of education program(s) your child wishes to attend:	
Because of the following circumstances, I am applying for financial aid for my child to attend an education program at The Arts & Science Center for Southeast Arkansas:	
My signature below certifies that the above information provided by me is true and correct to the best of my knowledge. My signature also authorizes the release of any information on this form, attached sheets and school record to be released to the scholarship committee.	
Signature:	Date:
For office use only:	
_____ A _____ R C1 _____ Total _____	