



# Scholarship Application

362 N. Martin Luther King Blvd.  
Lexington, KY 40508  
859-252-5222 or 255-2284  
[WWW.LASCLEX.org](http://WWW.LASCLEX.org)

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birthdate of Student: \_\_\_\_\_ Male or Female: \_\_\_\_\_

School (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Number of people in household: \_\_\_\_\_ Annual Income: \_\_\_\_\_

This is a scholarship request for a:

\_\_\_\_\_ 50% Scholarship (student pays 50% of the cost of the class)

\_\_\_\_\_ 75% Scholarship (student pays 25% of the cost of the class)

\_\_\_\_\_ 100% Full Scholarship (student does not pay for the class)

*Materials and supplies for all classes will be provided by the Living Arts & Science Center.*

Below are the LASC Classes that I am interested in attending.

*(If you do not have an LASC class schedule, please call for one or you may look on our Web site for a complete class listing.)*

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

I understand that if I receive a partial or full scholarship, I will be able to participate in the class (or classes) of my choice at the Living Arts & Science Center. I am making a commitment to arrive on time for all of the sessions and to participate fully in the class.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

As the parent or guardian, I will provide transportation or make arrangements for this student to attend class.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

*Scholarships will be awarded based on financial need and availability in the class. The Living Arts & Science Center will try to meet all scholarship requests. If we are unable to award a scholarship for the above classes, the LASC will keep your application on file and notify you when there is another available class.*