



SCHOLARSHIP APPLICATION

362 N. Martin Luther King Blvd.
Lexington, KY 40508
(859) 252-5222

Email completed forms to cnorthern@lasclex.org

Student Information

Parent/Guardian Name: _____

Student Name: _____

Student Birthday: _____ Student Gender: _____

Current School: _____ Last Grade Completed: _____

Street Address: _____

City & ZIP: _____ Phone: _____

Email Address: _____

Number of People in Household: _____ Annual Income: _____

I Have Submitted Proof of Income; YES: _____ NO: _____

Scholarship Amount Requested

_____ 50% Scholarship (LASC Covers 50% of the Cost of the Class)

_____ 75% Scholarship (LASC Covers 75% of the Cost of the Class)

_____ 100% Scholarship (LASC Covers the Total Cost of the Class)

LASC Classes I am Interested in Attending

(Class schedules can be found on our website lasclex.org or by calling us)

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

I understand that if I receive a full or partial scholarship, the student will be able to participate in the class (or classes) of my choosing at the Living Arts & Science Center. As the student's parent or guardian, I will provide transportation or make arrangements for the student to attend class.

Parent Signature

Date

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