



YOUTH SCHOLARSHIP APPLICATION

Friends of the Leland Cultural Arts Center

www.friendslcac.org

Course Code Course Title (1st Choice) Start Date Child's Name Fee

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Please return completed application for processing at least two weeks before class start date.

Youth Scholarships are made possible by the generous donations to the FLCAC and are greatly appreciated. To apply for a scholarship, please refer to current youth course offerings. This information is available in the current CAPE Brochure, by visiting the LCAC located at 1212 Magnolia Village Way, Leland, NC 28451, or at the Leland Cultural Arts Center's website: <http://www.townofleland.com/lcac>

First Name (Parent/Guardian) Last Name DOB ____ / ____ / ____

Street Address Town State Zip

Home Phone Work Phone

Cell Phone Email Address

First Name (Emergency Contact) Last Name Relation Phone

DOB ____ / ____ / ____

First Name (Family Member/Child) Last Name

DOB ____ / ____ / ____

First Name (Family Member/Child) Last Name

DOB ____ / ____ / ____

First Name (Family Member/Child) Last Name

HOUSEHOLD INCOME

Less than \$10,000 \$10,000 - \$20,000 \$20,000 - \$30,000 Above \$30,000

PLEASE STATE REASON FOR WISHING TO PARTICIPATE IN LCAC CLASSES & NEED FOR FINANCIAL AID.

Signature of Parent/Guardian Date

Please mail this application to: Friends of the Leland Cultural Arts Center, PO Box 90, Leland, NC 28451 or deliver to LCAC front desk.
Please note that if the scholarship is granted but not used within one year, it will be reassigned to another applicant or will require board review to be used by the original applicant. By participating in LCAC programs with FLAC scholarship funding, I agree to all waivers, rules, and stipulations that the Town of Leland and the LCAC have for participants of programs. LCAC Received _____