

**GALENA ART & RECREATION CENTER  
SCHOLARSHIP APPLICATION**

Child(ren)'s Name \_\_\_\_\_ Size of Household: \_\_\_\_\_

<b>Mother's Name</b> _____
Address: _____ Phone: _____
Mother's Place of Employment: _____
Annual Income: _____

<b>Father's Name</b> _____
Address: _____ Phone: _____
Father's Place of Employment: _____
Annual Income: _____

**HOUSEHOLD INCOME ELIGIBILITY GUIDELINES**

*Your family's countable monthly income must be below the following guidelines:*

<b><u>Family Size:</u></b>	<b><u>Monthly Income Must Be Below:</u></b>
2	\$2,051/mo
3	\$2,533/mo
4	\$3,016/mo
5	\$3,498/mo
6	\$3,981/mo
7	\$4,071/mo
8	\$4,162/mo

If your family income is above the income guidelines listed above, but you feel you still have a financial need, please explain need: \_\_\_\_\_

What program are you asking for assistance with: \_\_\_\_\_

Each family is asked to pay a portion of the program fees, what amount can your family contribute? \_\_\_\_\_

**ATTACH PAY STUBS OR A TAX RETURN** - Please return this form along with a copy of two current pay stubs OR a copy of your most current tax return.

**ALL LINES ON THIS FORM MUST BE FILLED IN!  
IF SOMETHING DOES NOT APPLY TO YOU WRITE N/A.**

***All information on this application will remain confidential. You will be notified of your acceptance. All scholarships are based on the availability of funds.***

***Galena ARC, P.O. Box 43, 413 S. Bench St., Galena, IL 61036. Ph: 815-777-2248***