Creative Arts Council

PO Box 1164
Eureka, MT 59917

(406) 297-3270
www.CreativeArtsEureka.org

CAC Program Scholarship Application

This scholarship is available to anyone, without discrimination, who wishes to participate in a CAC-sponsored program but needs financial assistance to meet program fees.

This scholarship application may be submitted to the Creative Arts Council at any time for any CAC-sponsored program. It will be evaluated as quickly as possible on an as-needed basis by the CAC Scholarship Committee.

Please submit your application and supporting materials by one of the following ways:
-give to your Activity Director
-mail to PO Box 1164, Eureka, MT 59917
-drop in the Drop Box outside the front door of the CAC
-scan and email to info@eurekaartsandhistory.org

Participant/Student Name: _____

Parent/Guardian Name (if minor): _____

Mailing Address: _____

City, State Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Program for which you are requesting financial assistance:

Program name: _____

Activity Director name: _____

Program start/end dates for your scholarship: _____ _____

Please know partial and/or full scholarship awards are based on funding the CAC has available at the time of application submission. If your application is approved and a scholarship is awarded, you will be notified, and your Activity Director will apply your award to your program fees. Scholarship considerations are based on financial need and program engagement. It is intended to help those who are most passionate about their participation.

Employer of Parent, Guardian or Student

Name: _____

Phone: _____

Please provide a brief description of your financial situation/need for assistance.

_____

_____

_____

Please provide a description of your desire to take (or continue) the class to which you are applying. The description may be in the form of an essay, a poem, a video, a photograph or painting with a caption, or other. Your submission is essential to our being able to obtain future scholarship funding.

Number of Adults in Household: _____

Number of Children (under 18) in Household: _____

I hereby certify that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge. Any false or misrepresentation of information will terminate financial assistance.

Parent/Guardian Signature: _____

Date: _____

The CAC is run by a volunteer Board of Directors. We look to our Members and Scholarship recipients for help so we can continue to provide a variety of art programs. We are implementing a way for you to give back. We highly encouraged Scholarship participants and their families to volunteer time throughout the year. Below is a list of ways you can help. You will be added to our volunteer list and will be called upon.

Ways I Can Help

Day/Times you are available to help: _____

Please circle all of which you'd like to assist with:

Rendezvous (April)

LC Fair (August)

Back to School Bash (August)

Registration Fair (September)

Non-Profit Expo (October)

Trego Heritage Days (October)

Holly Faire (December)

CADS Dance Performance (January & May)

Clean-up Days (Summer)

Sell Raffle Tickets (Year-round)

Host a fundraiser (Anytime)

Post Flyers

Help with Social Media

Other _____